DOCUMENT RESUME

ED 419 938 CE 076 575

TITLE	New Directions in Customer Service. The Right Tool for the Job.
INSTITUTION	State Univ. of New York, Albany. Rockefeller Coll.; Eddy/Northeast Health, Troy, NY.
SPONS AGENCY	Office of Vocational and Adult Education (ED), Washington, DC. National Workplace Literacy Program.
PUB DATE	1998-00-00
NOTE	282p.; For a related document, see CE 076 574.
CONTRACT	V198A40098-96
PUB TYPE	Guides - Classroom - Teacher (052)
EDRS PRICE	MF01/PC12 Plus Postage.
DESCRIPTORS	Adult Basic Education; Allied Health Occupations Education; Classroom Techniques; Competence; Competency Based Education; *Home Health Aides; *Job Skills; *Nurses Aides; *On the Job Training; Postsecondary Education; Stress Management; Teaching Methods; Units of Study; *Workplace Literacy
IDENTIFIERS	*Customer Services

ABSTRACT

This curriculum was designed to provide 20 hours of training to experienced employees (Certified Nursing Assistants or Home Health Aides) using seven stand-alone modules supported by training process guides. The materials are suitable for workplace literacy programs for adults with low levels of English literacy skills. The curriculum uses a participatory approach to workplace literacy with a focus on interpersonal and team skill development. The program contains the following modules: calling for care: the telephone in customer service; taking responsibility for conflict; difficult people: strategies for successful solutions; RX (prescription) for stress management; team building: working effectively in groups; handling change in the healthcare environment; and working together with our differences. All modules follow the same format, consisting of a training process guide for trainers that includes the following: learning objectives, competencies, procedures for trainers and students, vocabulary discovery, use of quoted material, use of job-specific materials, and learner assessment with an answer key; and a participant packet that includes learning objectives, learner preassessment, activity sheets, and information sheets. (KC)

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new directions in customer service

the right tool for the job

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CALLING FOR CARE THE TELEPHONE IN CUSTOMER SERVICE

TAKING RESPONSIBILITY FOR CONFLICT

DIFFICULT PEOPLE: STRATEGIES FOR SUCCESSFUL SOLUTIONS

RX FOR STRESS MANAGEMENT

TEAMBUILDING

HANDLING CHANGE IN THE HEALTHCARE ENVIRONMENT

WORKING TOGETHER WITH OUR DIFFERENCES

CE076575

Essential Skills for the Care Team for new employees in residential and home care, and ***New Directions in Customer Service*** for experienced employees, were produced under a United States Department of Education, National Workplace Literacy Program Grant (V198A40098-96). The project was developed by the Professional Development Program, Rockefeller College, University at Albany, in partnership with The Eddy/Northeast Health, and administered by the Research Foundation of State University of New York.

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The contents of this manual do not necessarily represent the policy of the U.S. Department of Education, but rather are reflective of the philosophy and approach of the grant recipient and all the partners identified with the project.

Acknowledgements

We wish to thank all those who contributed to the development of these materials. Their assistance has supported our efforts to produce a complete, accurate, and functional resource for clinical instructors and staff developers.

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Dorothy M. Negri, NWLP Program Director
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The Eddy/Northeast Health
We greatly appreciate those who provided guidance and support in the development of the *New Directions in Customer Service* curriculum:
Carla Hines, Staff Development Manager, Eddy Home Care
Colin McCarty, Performance Improvement Advisor, Northeast Health
Bob Willower, Manager of Training and Employee Relations, Samaritan Hospital

We greatly appreciate those who provided guidance and support on sections of the *Essential Skills for the Care Team* curriculum:
Sandra Garrity, RN, Staff Development, Eddy Memorial Geriatric Center
Susan Pezzi, Assistant Director of Nursing, Eddy Memorial Geriatric Center
Jim Sheridan, RN, Eddy/Ford Cohoes Rehabilitation Center
Sharon Shephard, RN, Staff Development, Heritage House Nursing Center
Brenda Travis, RN, Staff Development, The Eddy Home Care

We wish to thank those administrators who offered feedback and allowed the use of their facilities to conduct training sessions and test material:
Peter Young, Vice President and Administrator, Eddy Memorial Geriatric Center
Suzanne Loftus Phelps, Vice President and Administrator, Heritage House Nursing Center
Albert Pasinella, Vice President and Administrator, Eddy Cohoes Rehabilitation Center
Kathy Seymour, Vice President and Director, Eddy Community Care, Home Care Division
Norman Dascher, Chief Operating Officer, Northeast Health, Acute Care Division

For their technical expertise, we wish to thank the following:
Jorie Philippi, Performance Plus Learning Consultants, Inc.
William Matthiesen, Berkshire Film and Video, Inc.

A special thank you to:
Susan Douglas, Human Resources Manager, The Eddy/Northeast Health, for her financial management expertise and assistance with in-kind contributions.

Christine Katchmar, former NWLP Program Director, Rockefeller College; Rick Ianello, former Executive Director, The Eddy; and Barbara McCandless, Vice President of Corporate Human Resources, Northeast Health, who were instrumental in obtaining the grant and whose collaborative vision and initiatives helped establish the program's goals.

NATIONAL WORKPLACE LITERACY

OVERVIEW

Congress created the National Workplace Literacy Program (NWLP) in response to those concerns that an increasing percentage of the American work force lacked the skills to compete in the world marketplace. Since 1988, the NWLP has provided grants to fund local projects that are operated by exemplary partnerships of business, labor, and educational organizations. These partnerships are funded to provide education and related services that affect the productivity of the workforce through the improvement of those basic and higher order skills needed in the workplace. Although NWLP projects focus on developing the knowledge and the skills of workers in specific jobs, the knowledge and skills taught through the projects enable workers to develop a broad spectrum of literacy, reasoning, and other workplace skills that can and will be transportable to other jobs.

The term workplace literacy may be misleading because of the connotations it has in relation to traditional education. In actuality, workplace literacy is today's "New Literacy;" it is much broader than generic reading and writing. Today's basic skills go beyond those into critical thinking, problem solving, and decision making. They teach learners to work in teams and have a high level of independence with less and less reliance on monitoring and supervision; they emphasize strong communication and interpersonal skills. These are very positive, proactive skills and concepts that both workers and management see as the essentials or basics for today's workers.

THE ROCKEFELLER COLLEGE WORKPLACE LITERACY GRANT

In 1994, a partnership was formed between the Professional Development Program, Rockefeller College, University at Albany, and The Eddy—a not-for-profit network of services for seniors. During the following year, that partnership was strengthened when one of the collaborators, The Eddy, integrated with Samaritan Hospital to form a parent system called Northeast Health. The system later grew to also include Albany Memorial Hospital. As a result, Northeast Health became a regional, comprehensive system of healthcare and community services encompassing 15 counties. An employer of 4,000 individuals, serving an estimated 18,000 people—Northeast Health continued the commitment to the workplace literacy partnership begun by The Eddy in 1994.

The project drew upon the resources of several Northeast Health members—Eddy Memorial Geriatric Center, Eddy Cohoes Rehabilitation Center/Eddy-Ford Nursing Home, Heritage House Nursing Center, Eddy Home Care, and Samaritan Hospital. Accomplishment of the goals has been reflective of the cooperation and commitment that was given by all throughout the three-year grant period. As the recipient of the grant services, The Eddy and Northeast Health provided the workplace context for the project with all instructional services delivered to its employees.

The business partner's role was key to the success of the grant implementation. The level of success can be attributed to the efforts and commitment of The Eddy and Northeast Health to institutionalize this workplace literacy program within their organization. This project serves as a demonstration from which other eldercare organizations and like systems can draw parallels and conclusions for similar implementation. Accomplishment of the goals of the project has been reflective of the cooperation and commitment that was given by all throughout the three year grant period. As the recipient of the grant services, The Eddy and Northeast Health provided the workplace context for the project with all instructional services delivered to its employees.

PROJECT GOALS

The overall goals of the project were articulated as broad and systemic achievements:

- To develop and demonstrate a workplace skills program model for healthcare, especially eldercare workers, that is both effective in the specific context of The Eddy/Northeast Health and its affiliates and transportable across the industry.
- To produce workplace skill gains among the members of the Care Team of The Eddy/Northeast Health and its network of affiliates—the Certified Nursing Assistants, the Home Health Aides, and ancillary housekeeping, custodial, and food staff—to enable completion of initial job training, to support staff to perform job tasks more effectively, and to increase individual job productivity, organizational efficiency, and cost-effectiveness.
- To evaluate the project and share findings with the adult literacy field and similar health organizations.
- To develop within The Eddy/Northeast Health the capacity to provide continuing workplace literacy instruction and support beyond the funding period.

THE EDUCATIONAL PROGRAM

The frontline healthcare workers targeted to receive the services of this grant are newly hired Nursing Assistant Trainees (NATs) in both residential and home care settings, and experienced direct care workers and ancillary staff from departments such as environmental services, housekeeping, dietary, etc. These frontline workers comprise The Eddy/Northeast Health Care Team who provide direct care to clients dependent upon their skills and competence.

In developing an educational program for these three distinct populations that comprise the Care Team, an in-depth study was made through a Literacy Job Task Analysis. Focus groups were formed comprised of administrators, supervisors, experienced Aides, and staff of Rockefeller College. This input, combined with extensive field work, laid the foundation for the development of an innovative program to be implemented through three separate curricula:

> ***Essential Skills for the Care Team* - Certified Nursing Assistant Program,** provides twenty hours of training to newly hired Nursing Assistant Trainees (NATs) in the residential care setting preparing to become state Certified Nursing Assistants (CNAs).
>
> ***Essential Skills for the Care Team* - Home Health Aide Program,** provides seven hours of training to newly hired NATs in the home care setting preparing to become state certified Home Health Aides (HHAs).
>
> ***New Directions in Customer Service*,** provides twenty hours of training to experienced direct care workers and ancillary staff from departments such as environmental services, housekeeping, dietary, office management, etc.

The two ***Essential Skills for the Care Team*** curricula for new hires consist of a twenty-hour training program comprised of eight stand-alone modules supported by Training Process Guides for the CNA program, and a seven-hour training program comprised of five stand-alone modules for the HHA program. The *Learning Strategies* module serves as an introduction to both programs and is supported by a seventy-minute videotape. Because of the difficulty in gathering the HHA population for classroom delivery, The Eddy/Northeast Health requested that self-instructional modules be designed. Therefore, four of the HHA modules are self-instructional. The two *Essential Skills for the Care Team* curricula are delivered during both the one hundred hours of New York State mandated clinical training for CNAs, and the seventy-five hours of state mandated clinical training for HHAs. It should be noted that the design and delivery of *Essential Skills for the Care Team* uses a functional context approach to workplace literacy where educational exercises and materials are closely matched with job specific tasks.

The ***New Directions in Customer Service*** curriculum for experienced employees consists of seven stand-alone modules totaling twenty hours of training. The program uses a Training Process Guide approach with video support for five of the modules. The development of this curriculum provided a unique opportunity to combine the grant's workplace education goals with a specific business goal of the partnering organization—their new customer service initiative. This initiative seeks to develop and enhance competencies deemed essential for optimum performance outcomes, as defined by the business partner's performance evaluations. *New Directions in Customer Service* uses a participatory approach to workplace literacy with a focus on interpersonal and team skill development.

PROGRAM STRUCTURE

Modules and recommended instructional sequence are as follows:

ESSENTIAL SKILLS FOR THE CARE TEAM **- Certified Nursing Assistant Program**

Module	Title	Hours	Methodology
1	**Learning Strategies** for Home Health Aides and Nursing Assistant Training	3	Video-Supported
2	**Understanding Your Assignment Sheet**	2	Trainer-Led
3	**Managing Your Assignment**	3	Trainer-Led
4	**Basic Communication**	2	Trainer-Led
5	**Advanced Communication**	2	Trainer-Led
6	**Communicating with Families and Residents**	2	Trainer-Led
7	**Knowing and Understanding Your Residents**	3	Trainer-Led
8	**Handling the Stress of the Floor**	3	Trainer-Led
	Total Certified Nursing Assistant Program =	20	

ESSENTIAL SKILLS FOR THE CARE TEAM **- Home Health Aide Program**

Module	Title	Hours	Methodology
1	**Learning Strategies** for Home Health Aide and Nursing Assistant Training	3	Video-Supported
2	**Goal Identification and Priority Setting**	1	Self-Instructional
3	**Time Management**	1	Self-Instructional
4	**Following Directions and Map Reading**	1	Self-Instructional
5	**Stress Management**	1	Self-Instructional
	Total Home Health Aide Program =	7	

NEW DIRECTIONS IN CUSTOMER SERVICE - **Experienced Employee Program**

Module	Title	Hours	Methodology
1	**Calling for Care: The Telephone in Customer Service**	2	Video-Supported
2	**Taking Responsibility for Conflict**	3	Video-Supported
3	**Difficult People: Strategies for Successful Solutions**	3	Video-Supported
4	**Rx for Stress Management**	3	Video-Supported
5	**Teambuilding**	3	Trainer-Led
6	**Handling Change in the Healthcare Environment**	3	Trainer-Led
7	**Working Together with Our Differences**	3	Video-Supported
	Total Experienced Employee Program =	20	

MATERIALS

The materials and ideas contained herein are available for duplication and use upon request to the Professional Development Program, Rockefeller College, University at Albany.

Our hope is that the curricula and other products will be instrumental for others to continue the work conceived and initiated through the partnership between The Eddy/Northeast Health and Rockefeller College under the U.S. Department of Education's National Workplace Literacy Program. The Professional Development Program at Rockefeller College is pleased to have been part of such a dynamic and collaborative development process.

We invite your comments regarding this project. We may be reached by phone: (518) 442-5700; fax: (518) 442-5768; e-mail: emonaco@pdp.albany.edu; through our website: http://www.albany.edu/pdp; or in writing at:

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GENERAL TRAINING OVERVIEW

NEW DIRECTIONS IN CUSTOMER SERVICE A PROGRAM FOR EXPERIENCED EMPLOYEES

GENERAL TRAINING OVERVIEW
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OVERVIEW

The ***New Directions in Customer Service*** curriculum for experienced employees consists of seven stand-alone modules totaling twenty hours of training. The program uses a Training Process Guide approach with video support for five of the modules. The development of this curriculum provided a unique opportunity to combine the grant's workplace education goals with a specific business goal of the partnering organization—their new customer service initiative. This initiative seeks to develop and enhance competencies deemed essential for optimum performance outcomes, as defined by the business partner's performance evaluations. *New Directions in Customer Service* uses a participatory approach to workplace literacy with a focus on interpersonal and team skill development.

PROGRAM DESCRIPTION

Each module is comprised of a *Training Process Guide* and *Participant Packet*. The trainer is responsible for reproducing a *Participant Packet* for each trainee. Modules are **not** designed to be sequential. Each module has the ability to stand alone. Modules should be used for experienced employees involved in direct patient, resident, or client care. Modules may also be used across multiple units/departments that support such care. Although the modules are designed from a customer service approach, they may serve general training purposes, and periodic reinforcement of specific issues, as defined by the staff developer's assessment of need.

The modules in this curriculum are as follows:

NEW DIRECTIONS IN CUSTOMER SERVICE **- Experienced Employee Program**

Module	Title	Hours	Methodology
1	**Calling for Care: The Telephone in Customer Service**	2	Video-Supported
2	**Taking Responsibility for Conflict**	3	Video-Supported
3	**Difficult People: Strategies for Successful Solutions**	3	Video-Supported
4	**Rx for Stress Management**	3	Video-Supported
5	**Teambuilding**	3	Trainer-Led
6	**Handling Change in the Healthcare Environment**	3	Trainer-Led
7	**Working Together with Our Differences**	3	Video-Supported
	Total Experienced Employee Program =	20	

MODULE DESCRIPTIONS

Module 1 - ***Calling For Care***, is designed to improve telephone communication skills. Healthcare staff in all job titles, and in all settings communicate by telephone daily to accomplish their professional duties. This communication can be both internal and external. Although, it is important for these communications to be effective, it's not unusual for them to be less than successful in the eyes of staff members, customers, and the organization. It is the goal of this module to provide an opportunity for participants to learn basic guidelines for telephone communication. *This is a video supported module.*

Module 2 - ***Taking Responsibility for Conflict*** is designed to improve staff competence in managing conflict. The ability of staff to adapt to the demands, and changing nature of the day-to-day environment, is essential for success in employment. This module assists employees to effectively manage conflict by knowing and understanding the nature of conflict, and provides skills and strategies, to deal with conflict in the workplace. *This is a video supported module.*

Module 3 - ***Difficult People: Strategies for Successful Solutions*** is designed to enhance employee skills in dealing with difficult people with an emphasis on co-workers. Few professions require "total team harmony" as much as the healthcare environment. It is necessary, and at times critical, to patient, resident, and client care that the healthcare team work together efficiently. It is the goal of this module to assist employees to understand the nature of difficult behaviors, and identify strategies, and interpersonal skills that are conducive to successful outcomes. *This is a video supported module.*

Module 4 - ***RX for Stress Management***, addresses job stress and helps staff develop techniques to minimize or eliminate stress factors that might lead to low productivity, inefficient work processes, and interpersonal discord. This module focuses on useful interventions, and stresses that "one is in control of their own response to stress." *This is a video supported module.*

Module 5 - ***Teambuilding*** is designed to help employees view themselves as important members of a team, not only in their immediate workplace, but as part of a "big picture or organizational team." It helps trainees understand the power that a group may have on productivity and job satisfaction. It promotes the use of teams in problem solving and creativity. The goal of the module is to explore teambuilding skills as "value added" to the employee, the organization, and the customer.

Module 6 - ***Handling Change in the Healthcare Environment*** is designed to help employees understand the significance of the many changes that are happening currently in the healthcare industry, and to prepare them for continual change. The module guides staff through understanding the change process, change reactions, coping with the stress of change, and improves competencies to control the change from each individual's perspective.

Module 7 - ***Working Together With Our Differences*** is designed to enhance employee skills and knowledge in the areas of diversity and cultural awareness. Changing demographics require that staff in healthcare professions recognize and respect differences, and use appropriate skills when dealing with various cultures. Managing personal attitudes and treating people with dignity are focal points of this module.

ELEMENTS OF THE CURRICULUM

All modules follow the same format. Descriptions of individual pages and activities that are common to all modules follow.

Customer Service - There are two common customer service pages, "*Who Are My Customers?*" and "*Seven Points of Customer Service.*" These pages are found in the beginning pages of all *participant packets*. The "*Who Are My Customers,*" serves as a general introduction to customer service and quality improvement concepts. The "*Seven Points of Customer Service*" page is a reflection of the mission statement of the business partner. It was designed to support the partner's newly revised Performance Evaluation plan. The partner identified these behavioral competencies as essential to performance outcomes for their organization. However, the competencies, which are primarily interpersonal skills, are generic to any organization. If the facility where this training is being conducted has a differing written or philosophical approach, substitute this page, but keep it common for all modules.

Use of Job Specific Materials - Since the curricula was designed for all experienced direct care staff including ancillary units and departments, the content and exercises are primarily generic. However, exercises are structured so that specific unit/departmental needs may be addressed, either by the trainer or put into problem solving contexts by the participants. The module, "*Teambuilding,*" is an exception. The introductory activity uses a customized puzzle that represents the logo of the business partner, a Compass Rose. Any puzzle may be substituted to achieve the module's objectives.

Video Support - The use of "*video vignettes*" to support specific modules is an essential element of the success of this training program. The scripts are original, and designed in collaboration with the partner's training coordinators. They illustrate specific situations that occur in healthcare settings. The vignettes address the following workplace environments:

- Nursing stations
- Transportation
- Reception
- Housekeeping
- Home Care
- Dietary
- Nursing Assistants
- Administration
- Inter-departmental offices

Rewards and Incentives - Monies from the grant provided for the purchase of rewards and incentives such "stress balls" which were distributed after the "*Rx for Stress Management*" module. Gold lapel pins were designed with the "*New Directions in Customer Service*" logo, and were distributed to employees who completed five out of seven of the customer service training modules. To support this initiative, trainers, and administrators, wore these pins.

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TRAINING PROCESS GUIDE

CALLING FOR CARE:
The Telephone in Customer Service

TRAINING PROCESS GUIDE

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Trainer Preparation

- Familiarize yourself with the *Rationale and Goal* for this module on the following page.
- Prepare newsprint with *Learning Objectives* (optional - see *Introduction*).
- Familiarize yourself with the videotape for this module, *Calling for Care* (12:00), or review the transcripts of the videotape on pages 19 - 28 of this *Training Process Guide*.
- Gather and prepare *Trainer* and *Participant* materials listed below.

Materials:

The trainer is responsible for knowing how many participants will be in attendance prior to training so that s/he can reproduce and supply the correct amount of participant materials listed below.

Trainer
Newsprint and Flipchart Stand
Markers and Masking Tape
Registration Forms
Video Monitor, VCR, and
Calling for Care videotape
Telephones (2) as props - *optional*

Participants
Participant Packets
Pencils, Pens

Classroom Setting:

- The room should be large enough to allow participants to move into pairs and small groups.
- Table space should be available for groups to write on large newsprint pages.
- Walls should accommodate flip chart pages being taped around the room.
- Tables and chairs should be movable to allow for different configurations.

Training Time: 2 Hours

Calling For Care:

The Telephone in Customer Service

Rationale and Goal

Healthcare staff in all job titles and settings communicate by telephone every day to accomplish their professional duties. These telephone exchanges can occur between staff and external customers of the organization or between co-workers (internal customers) from various departments. It is important for employees to realize the impact of telephone communication on customer service. Although it is vital that these telephone exchanges be effective, it is not unusual for them to have a less than positive impact on staff members, the customer, and the organization. The goal of this module is to provide an opportunity for participants to learn some basic guidelines for effective telephone communication. By building these skills into their daily work behaviors, employees will be able to control the outcomes of their telephone exchanges so that quality service and care is delivered to all customers.

Learning Objectives

Upon completing this module, participants will be able to:

- Specify who their *customers* are
- Determine what they should be doing to serve their *customers* better when using the telephone
- Identify Northeast Health's *Seven Points of Customer Service* affected by telephone communication
- Identify behaviors in select video scenarios that have the potential to cause breakdowns in telephone exchanges and customer service
- List the most common guidelines for successful telephone communication
- Use the guidelines to offer suggestions for improving telephone communication

Competencies

- Using vocal control
- Using appropriate language
- Listening for information and emotion
- Using questions to solicit and clarify information

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Introduction

FOCUS: **To allow participants to introduce themselves and to provide a general overview of the *Rationale* and *Learning Objectives* of the module.**

TIME: **20 Minutes**

TRAINING PROCESS:

1. **Welcome** the participants and introduce yourself as the trainer.

2. **Distribute** the attendance roster, and any other required forms.

3. **Conduct** a brief go-round and ask people to identify their departments and how long they've been with Northeast Health.

4. **Review** the *Rationale and Goal* of the module by either reading it aloud or by summarizing: *"Healthcare staff in all job titles and settings communicate by telephone every day to accomplish their professional duties. These telephone interactions are sometimes less than successful. The goal of this module is to provide an opportunity for you to learn positive telephone techniques and build them into your daily work practice."*

5. **Present** an overview of the module's *Learning Objectives.* There are two options for facilitation.

   Option I:

   a) **Show** *Learning Objectives* on pre-printed newsprint, or

   b) **Refer** participants to the *Learning Objectives* on page 1 of their *Participant Packets* and either review as a group or read silently and discuss.

Option II:

[*TRAINER NOTE*: Option II offers a richer larger group interaction, but takes more time and requires that the trainer be comfortable assimilating unexpected participant responses into the flow of the training.]

a) **Present** a general overview of the *Rationale and Goal* of the module.

b) **Distribute** newsprint and markers to participants individually or in small groups depending on size.

c) **Direct** participants to write their individual expectations for the training session based on the *Rationale and Goal* of the module.

d) **Post** newsprint sheets around the room.

[*TRAINER NOTE*: If space does not allow, ask participants to verbalize while you write responses on newsprint and post.]

e) **Show** *Learning Objectives* on a pre-printed newsprint and compare to posted participant lists.

[*TRAINER NOTE*: Try to prepare for expectations and/or objectives that are not listed on your prepared newsprint. Trainee suggestions need to be addressed in some manner once they are vocalized.]

6. **Ask** participants to complete the *Participant Pre-Program Survey* on page 2 of their packets. Ask participants to tear out this page and hand in to the trainer. Explain that they will fill out another survey at the end of the training.

[*TRAINER NOTE*: This is an individual activity that does not need to be shared but, if appropriate, the trainer may ask for volunteers to share responses with the larger group.]

Customer Service

FOCUS: **To review the *Seven Points of Customer Service* and the purpose of the *New Directions in Customer Service* training initiative.**

TIME: **15 Minutes**

TRAINING PROCESS:

1. **Direct** participants to page 3 of their packets, *Who Are My Customers?* and read aloud or silently. Emphasize the importance of treating colleagues, or *internal customers*, just as well as the *external customer*. Lead a discussion asking participants to identify all *customers* of Northeast Health at the bottom of page 3.

2. **Refer** participants to the *Seven Points of Customer Service* on page 4 of their packets. Ask participants which of the seven points might be addressed in this module.

3. **Ask** participants, *"How might telephone skills impact on customer service?"*

   Possible answer: *"One negative telephone exchange could equal the loss of one or more customer(s) for a company. One positive exchange could mean the addition of one or more customer(s) for a company."*

[*TRAINER NOTE*: You may want to write responses on newsprint and post around room.]

NOTES:

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Using the Telephone Effectively

FOCUS: **To provide participants an opportunity to see how the telephone can be used as a tool for developing and maintaining customers.**

TIME: **15 Minutes**

TRAINING PROCESS:

> [*TRAINER NOTE*: This two hour module is video-led. After the overview, move directly to the video and accompanying scripts. Each scene has *key learning points and discussion questions* for the trainer.]

1. **Explain** that a whole module has been devoted to the use of the telephone because of the great power it has in contemporary work worlds like Northeast Health.

2. **Point** out the following:

    - The telephone is a natural part of our everyday life at work and at home. We take for granted that it will be there when we need it.
    - Having a conversation on the telephone is distinctly different from face-to-face communication. Since one person cannot see the other, neither person can read the other's body language and the anonymity provides the opportunity to speak or behave inappropriately.
    - It's not unusual for calls to be unsatisfactory or unsuccessful because people forget to follow the basic guidelines. For instance:
        - You might make a call to get information and the person at the other end hangs up before you get all you need.
        - You might receive a call from an upset family member who just won't listen to you.

3. **Ask** *"How would improved telephone communication skills benefit you? The residents? The organization?"*

4. **Explain** one way to improve telephone communication is to follow some basic guidelines.

5. **Say** *"During this part of the training we'll explore telephone communication through video scenes that are not unlike those that happen every day at the workplace. They will remind us of the importance of basic phone skills for quality customer service, whether with an external or internal customer."*

NOTES:

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Video Overview

FOCUS: To illustrate guidelines for effective telephone communication by viewing and discussing videotaped scenarios.

TIME: **40 Minutes, includes video time (12:00)**

TRAINING PROCESS:

1. **Present** a brief overview about what is going to occur for the rest of the session.

    - For the rest of the time today you'll be watching some short scenes from a video about telephone use.
    - Please watch and listen carefully, observing what is occurring in each scene.
    - Notice what you perceive as being awkward or unsuccessful in providing good internal or external customer service.
    - Discussion opportunities will be available between scenes.

[*TRAINER NOTE*: If time allows, there are optional role play activities to practice skills. These may be found on page 17 of this guide.]

NOTES:

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"The Incoming Call" (*Interaction 1*)

1. **Explain** to the group that they will now witness a telephone exchange between an employee and an *external* customer. **Ask** participants to observe nonverbal behaviors and setting as well as listening carefully to the exchange.

2. **Show** *"The Incoming Call"* - Interaction 1.

3. **Ask** the group to share its ideas about what was right and wrong with the scene. Elicit "learning points" by asking what *could* be improved.

   [*TRAINER NOTE*: Try to focus the group on what constitutes *positive* telephone etiquette.]

3. **Record** responses on newsprint. The *Key Learning Points* should include:

   ☑ Answer the phone by the third ring.

   ☑ Be prepared and have paper and pencil ready.

   ☑ Give attention to the caller; don't let your mind wander.

   ☑ Give an appropriate greeting.

   ☑ Identify the organization by name.

   ☑ Identify self by name.

   ☑ Ask whether there is some way to be helpful to the caller.

   ☑ Use a pleasant tone of voice.

   ☑ Identify the caller by name as soon as it is known.

NOTES:

"The Incoming Call" (*Interaction 2*)

1. **Explain** to the group that they will now see the same interaction with slight improvement on the part of the employee. **Encourage** participants to look for these improvements, but to also be ready to recommend more telephone techniques that could improve the exchange.

2. **Show** *"The Incoming Call"* - Interaction 2.

3. **Ask** the group to share its ideas about what was or was not handled well in this exchange.

4. **Record** responses on newsprint adding on to the responses from the previous discussions. The *Key Learning Points* should include:

    ☑ Take responsibility for getting critical information by asking closed or directed questions, such as: who?, what?, where?, when?; did?, can?, have?, etc.
    ☑ Determine whether you can handle the call yourself or must refer it.
    ☑ Build confidence by making help-oriented statements.
    ☑ Restate information to assure that it's correct.
    ☑ Talk at an appropriate rate and wait for responses.
    ☑ Listen for words and emotions in vocal tones.
    ☑ Ask and tell before putting caller on hold.
    ☑ Check back with callers on hold.

5. **Ask** participants for examples of the types of telephone encounters they've had. (Ask for specific situations.)

6. **Record** situations on the newsprint begun during the first video discussion.

7. **Ask** whether anyone has had difficulty with any of the situations cited.

8. **Summarize** the list of guidelines generated from discussion of Interaction 2.

"The Incoming Call" (*Interaction 3*)

1. **Show** *"The Incoming Call"* - Interaction 3.

2. **Ask** what was *different* about this scene. *"What helped make communication better?"*

3. **Record** responses on newsprint.

4. **Compare** the responses to the comments on newsprint from the previous interactions.

5. **Note** how effective guidelines for telephone communication improve customer relations.

NOTES:

"Talking to Each Other" (*Interaction 1*)

1. **Explain** to the group that the next case scenario involves exchanges between two *internal* customers from different departments. Encourage participants to take note of nonverbal behaviors and verbal behaviors regarding *both* employees.

2. **Show** *"Talking to Each Other"* - Interaction 1.

3. **Ask** participants to share their ideas about was effective and what wasn't (including nonverbals).

4. **Generate** ideas about communication techniques that might have improved this interaction.

5. **Record** responses on newsprint.

NOTES:

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"Talking to Each Other" (*Interaction 2*)

1. **Tell** the group that they will see improvement from both employees in the next interaction, but they should still be ready to recommend more improvements regarding this exchange.

2. **Show** *"Talking to Each Other"* - Interaction 2.

3. **Ask** participants to share their ideas about what was effective and what wasn't. **Ask:** "What did Andy do correctly this time?" **Record** responses on newsprint. *Key Learning Points* should include:

   ☑ Prepared himself by taking a deep breath . . .
   Other strategies that he may have used to prepare for the exchange:

      ⇒ picture the other person,
      ⇒ think about the other person's position,
      ⇒ picture something relaxing,
      ⇒ tense and then release your muscles.

   ☑ Met dissonance on an equal or lower level

   ☑ Didn't interrupt the caller - let her "tell her story"

   ☑ Concentrated on words and vocal tones

   ☑ Used no unusual terms

   ☑ Spoke in an even tone of voice when talking to an agitated caller

   ☑ Spoke in an appropriate or slow rate

   ☑ Restated information to let the caller know he heard

NOTES:

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"Talking to Each Other" (*Interaction 3*)

1. **Explain** that the final telephone exchange in this case scenario will show both employees following proper telephone guidelines where internal customers are concerned.

2. **Show** *"Talking to Each Other"* - Interaction 3.

3. **Ask** participants to share their ideas about what was effective. Record any new responses on newsprint. *Key Learning Point:*

   ☑ When both parties follow the guidelines, effective communication is more likely and external customers can receive quality care.

4. **Stress** that the skills being identified in this module can be applied to any interactions with external customers, regardless of your position at your place of work. *"Employees need to apply all their skills to deal with an angry customer (whether internal or external) over the telephone."*

NOTES:

"The Angry Customer" (*Interaction 1*)

1. **Explain** to the group that the final case scenario shows a telephone interaction in the home care setting between an employee and an external customer. **Ask** participants to put themselves in the external customer's shoes while viewing this interaction.

2. **Show** *"The Angry Customer"* - Interaction 1.

3. **Ask** participants to share their ideas about what was effective and what wasn't.

4. **Record** responses on newsprint. Note that these guidelines are the same as for *internal* customers. *Key Learning Points* should include:

   - ☑ Met dissonance on an equal or lower level
   - ☑ Didn't interrupt the caller - let her "tell her story"
   - ☑ Concentrated on words and vocal tones
   - ☑ Used no unusual terms
   - ☑ Spoke in an even tone of voice when talking to agitated callers
   - ☑ Spoke in an appropriate or slow rate
   - ☑ Restated information to let the caller know s/he heard

NOTES:

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"The Angry Customer" (*Interaction 2*)

1. **Explain** that the final interaction shows the employee using skills to control outcomes, including pointing out the external customer's responsibility in this situation.

2. **Show** *"The Angry Customer"* - Interaction 2.

3. **Ask** participants to share their ideas about what was effective and what wasn't.

4. **Record** responses on newsprint. Note that these guidelines are the same as for internal customers.

5. **Review** all newsprint sheets from the three case scenarios and lead a discussion on how the guidelines built in this activity apply to all employees in an organization. Note that building these guidelines into daily work behaviors will improve customer service both internally and externally.

NOTES:

Role Play

FOCUS: **To provide participants with an opportunity to role play specific telephone situations that were highly effective or ineffective.**

TIME: **20 Minutes**

TRAINING PROCESS:

[*TRAINER NOTE*: Basic role plays are optional activities for use with this module. If people are hesitant to role play, model one yourself in front of the group with a volunteer. Using two unplugged telephone sets as props will add to the interaction.]

1. **Ask** participants to think about the types of telephone encounters they've had. Ask for specific situations.

2. **Direct** participants to form groups of three.

3. **Explain** that two people will talk on the *prop* telephones while the third observes. The observer will:

    - provide feedback regarding how well guidelines for telephone communication were met.

    - take notes on what s/he observed in order to report their observation to the large group.

4. **Direct** observers from each group to briefly share their observations with the larger group.

[*TRAINER NOTE*: Consider videotaping or audiotaping the role plays for future analysis.]

NOTES:

Summary and Closure

FOCUS: **To review key learning points and objectives of the module.**

TIME: **15 Minutes**

TRAINING PROCESS:

1. **Review** newsprint sheets of *Learning Objectives* and summarize key learning points.
2. **State** that all of these guidelines for successful telephone communication can be applied at all Northeast Health's points of service.
3. **Ask** participants whether all objectives have been met by either reviewing *Learning Objectives* on newsprint or by referring back to page 1 of *Participant Packets*.
4. **Ask** the group to complete the *Participant Post-Program Survey* and tear out and hand in to the trainer.
5. **Thank** the group for participating and conclude the session.

NOTES:

CALLING FOR CARE:
The Telephone in Customer Service

VIDEO SCRIPTS

(video is 12 minutes in length total)

"The Incoming Call" (Interactions 1, 2 & 3)

"Talking to Each Other" (Interactions 1, 2 & 3)

"The Angry Customer" (Interactions 1 & 2)

THE INCOMING CALL (*Interaction 1*)

(Poor exchange with an external customer)

The phone is ringing. Many things are going on in the background. The employee near the phone is in the middle of a big project. Papers are everywhere.

Employee: (rushing to answer the phone on the first ring) (in a pleasant but distracted voice) Hello??

Caller: (sounding confused) Hello?? Northeast Health?

Employee: Yes, sorry, yes it is.

THE INCOMING CALL (*Interaction 2)*
(Poor telephone exchange improves slightly)

The phone is ringing. Many things are going on in the background. The employee near the phone is in the middle of a big project. Papers are everywhere.

The situation presented so far continues. The phone is allowed to ring two or three times. Getting a pad and pencil, she prepares to take a message.

Employee: Good morning. Northeast Health. Leslie speaking. How may I help you?

Caller: (in a confused voice) My mother was in your facility about a month ago and we got this bill, and I can't figure it out. I don't know what to do with it. I need some help. (papers in hand)

Employee: Oh, I'm sorry. What's the reference number?

Caller: (becoming agitated) Reference number? What reference number? I don't know what you're talking about! I need some help!

Employee: (tersely and speaking quickly) Look, I'll go get my supervisor. Hold on. (She presses the hold button.)

Caller: (taken by surprise and trying to object, but no one is there) Wha . . .Wha . . . wait! . . .hello?

THE INCOMING CALL *(Interaction 3)*
(Following Appropriate Guidelines)

The phone is ringing. Many things are going on in the background. The employee near the phone is in the middle of a big project. Papers are everywhere.

ALL the **guidelines** are now followed. The phone is allowed to ring two or three times. Getting a pad and pencil, she prepares to take a message.

Employee:	Good morning. Northeast Health. Leslie speaking. How may I help you?
Caller:	(in a confused voice) My mother was in your facility about a month ago and we just got this bill, and I can't figure it out. I don't know what to do with it. I need some help. (papers in hand)
Employee:	I'm sorry to hear you're having trouble. Let me try to help you. Do you have the bill in front of you?
Caller:	Yes.
Employee:	Good. Can you see a reference number in the upper right-hand corner?
Caller:	No, oh, yes, here it is.
Employee:	Good. What's the number?
Caller:	Umm, R 5793.
Employee:	That's R 5793?
Caller:	Yes, that's it.
Employee:	Thank you. I think I can help you now. That number means it's a rehabilitation case. Was your mother in rehab?
Caller:	Yes, and the care was great.
Employee:	I'm glad to hear that. Now, what I'm going to do is refer you to call to Carl Smith who handles those accounts. Will you hold while I connect you, or would you like me to have him call you at a convenient time?
Caller:	No, I'll hold.
Employee:	Fine, I'm putting you on hold now. If Mr. Smith doesn't respond, I'll be back on the line. (silence while call is being transferred)
Carl Smith:	Hello, this is Carl Smith. How can I help you ?

TALKING TO EACH OTHER *(Interaction 1)*
(Internal customers not following guidelines)

A Transportation Aide is sitting at his work station appearing very relaxed. The phone rings. It's a Nurse calling from the nursing station.

Transportation Aide: Yeah?

Nurse: (speaking quickly in an angry and sarcastic tone) Where are you? We called a half hour ago. You said you'd be right up. Well, you're not. We've got a transport for X ray. How much longer will you be?

Transportation Aide: (with the phone cradled on his shoulder) I really can't tell you an exact time because everybody's out. And, who is this anyway? (looking at some pieces of paper) Is this Judy on 5? Well, Judy, according to the paperwork, Sally went up to take care of that, but she's got one more case ahead of you.

Nobody else is here, and I've got to stick close to the phone, so you'll have to wait. Ya know, we're doing our best down here, but we can't do it all at once. Call back in 5 if no one shows.

Nurse: Fine. (nastily)

TALKING TO EACH OTHER *(Interaction 2)*
(Poor exchange improves slightly)

A Transportation Aide is sitting at his work station, still relaxing. The phone rings. It's a nurse calling from the nursing station.

This time the Transportation Aide follows the **guidelines.**

Transportation Aide: Transportation, Andy speaking. How can I help you?

Nurse: (speaking quickly in an angry and sarcastic tone) Where are you? Why aren't you here? We called a half hour ago. You said you'd be right up. Well, you're not. We've got a transport for X ray. How much longer will you be?

Transportation Aide: (sits up straight and takes a deep breath) I'd like to help you out, but I'm going to need some information first. Can you please tell me who this is and what department you're calling from?

Nurse: (speaking between her teeth; spitting it out) This is Judy on 5.

Transportation Aide: (looking up the paperwork for unit 5) Well, Judy, I see on our information sheet that Sally went up about 20 minutes ago. She should be there soon. I'm going to call around to see if I can find her. In the meantime, call me back in 5 minutes if no one shows.

Nurse: (exasperated) Well, OK, I'll call back. But we need someone here right away.

Transportation Aide: Thank you, Judy. (Transportation Aide picks up the phone to call around)

(Nurse hangs up phone.)

TALKING TO EACH OTHER *(Interaction 3)*
(Following Appropriate Guidelines)

A Transportation Aide is sitting at his work station, relaxing and eating a bag of chips. The phone rings. It's a Nurse calling from the nursing station.

This time, both the Transportation Aide and the Nurse follow the **guidelines.**

Transportation Aide: Transportation, Andy speaking. How can I help you?

Nurse: (nice calm tone) This is Judy on 5. We called a half hour ago requesting an aide to come up here for a transport. Can someone get up here now to do this? We are really pressed.

Transportation Aide: (sits up straight and takes a deep breath, looks up the paperwork for unit 5) I'm sorry you're in trouble up there. I see on our information sheet that Sally went up about 20 minutes ago. She should be there soon. I'm going to call around to see if I can find her. In the meantime, call me in 5 minutes if no one shows.

Nurse: Well, OK, I'll call back. But we need someone here right away.

Transportation Aide: OK Judy, thank you. (Transportation Aide picks up the phone to call around)

(Nurse hangs up phone)

THE ANGRY CUSTOMER (*Interaction 1*)

(Exchange with External Customer in Home Care Setting)

The phone rings. A person who schedules Aides for help in home situations answers.

Scheduler: Hello, Community Care, Jean speaking. How may I . . . (caller interrupts before she can finish)

Caller: (almost screaming) Where is your Aide? My mother just called me. There's supposed to be an Aide over there. She's all alone, and she's frightened. I can't get over there! Where is your Aide?

Scheduler: (calmly, with an even tone) Okay. The Aide hasn't arrived. I'd really like to help. Can you tell me your mother's name?

Caller: Jones.

Scheduler: Could you give me a first name with that, please?

Caller: (screaming) Listen, all you're doing is asking questions. I have a question for you, where is your Aide?

Scheduler: (still nice and calm) I'm sorry to be asking for all this information. But I need it to help you. Jones is a common name, so what's your mother's full name?

Caller: (beside herself) It's Geraldine, and she needs help NOW! I can't get over there. It's YOUR job to fix this. I want an Aide over there, now!

Scheduler: (in a soothing, even tone) Well, Ms. Jones . . .

Caller: (who is now very angry) MY name is NOT Jones, MY name is Roberts.

Scheduler: (a bit more quickly, but not sharply) Okay, Ms. Roberts, where is your mother's home? Do you know her Aide? When was she scheduled to be there?

Caller: Don't you people have records? Can't you look this up?

(continued...)

THE ANGRY CUSTOMER *(Interaction 1 - continued)*

Scheduler: Yes. Why don't I hang up and take care of matters from this side? Please give me a number where I can call you back as soon as I have some information for you.

Caller: (not quite so angry any more, since someone is going to do something) Well, I suppose I can still be at 555-1237. How long will it be?

Scheduler: About ten minutes.

Caller: That long?

Scheduler: Well, I can't say for sure. I want to find out what happened to your mother's aide and see whether I can get someone else there quicker. Could you contact someone on your emergency list just to be on the safe side?

Caller: Do you think that's really going to be necessary?

Scheduler: It's just to be safe, since I don't know what's happened. Let me hang up now. I PROMISE I'll get back to you as soon as I have something.

Caller: Well, okay, and thank you.

Scheduler: Thank you.

THE ANGRY CUSTOMER *(Interaction 2)*

(An Appropriate Exchange with External Customer)

Seven minutes later. Jean, the person who schedules Aides for home care, calls Ms. Roberts.

Ms. Roberts:	(the phone rings) Hello.
Jean:	Hello, Ms. Roberts? This is Jean from Community Care, getting back to you. Your Aide's not coming in today because she's ill, but I found another one for your mother. Michael Hauser will be there in an hour.
Ms. Roberts:	An hour? But that's too long! She needs to eat and she needs some personal care now!
Jean:	Well, it's the best I can do right now. Maybe you or someone from your list could go over to help her until the Aide gets there. Other than calling your mother to let her know that someone will be there in an hour, there's nothing more that I can do. It's now up to you. I hope I've been of some help to you, though.
Ms. Roberts:	Well, I guess I can call into work that I'll be late, and I can go over there. And thank you, you have been a help. I think I'd better call work now. Good-bye.

END

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new directions
in customer service
the right tool for the job

**CALLING FOR CARE
THE TELEPHONE IN
CUSTOMER SERVICE**

**TAKING RESPONSIBILITY
FOR CONFLICT**

**DIFFICULT PEOPLE:
STRATEGIES FOR
SUCCESSFUL SOLUTIONS**

**RX FOR
STRESS MANAGEMENT**

TEAMBUILDING

**HANDLING CHANGE IN
THE HEALTHCARE
ENVIRONMENT**

**WORKING TOGETHER WITH
OUR DIFFERENCES**

PARTICIPANT PACKET

CALLING FOR CARE: The Telephone in Customer Service

PARTICIPANT PACKET

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- Participant Pre-Program Survey 2
- Who Are My Customers? 3
- Seven Points of Customer Service 4
- Dealing with Angry Customers 5
- Guidelines for Telephone Success 6
- Participant Post-Program Survey 7

Learning Objectives

Calling for Care:The Telephone in Customer Service

Upon completing this module, participants will be able to

- **Specify who their *customers* are**
- **Determine what they should be doing to serve their *customers* better when using the telephone**
- **Identify Northeast Health's *Seven Points of Customer Service* affected by telephone communication**
- **Identify behaviors in select video scenarios that have the potential to cause breakdowns in telephone exchanges and customer service**
- **List the most common guidelines for successful telephone communication**
- **Use the guidelines to offer suggestions for improving telephone communication**

Participant Pre-Program Survey

Today's Date:

Training Topic Title:

Name of Your Affiliate:

Your Job Title:

How long have you worked for The Eddy/Northeast Health?

Directions: Please answer the question below before you take this training:

1. What do you expect to learn or review during this training?

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Who Are My Customers?

It is very easy for people to think that *customer service* deals with handling outside (*external*) customers and, therefore, only applies to staff who have customer contact. This is not the case. The service one person provides another *within* a company, to one degree or another, affects the service that a company is able to provide its external customers. If everyone in an organization treated colleagues as if they were customers (*internal*), the company would not only be totally *customer-oriented*, it would also be more efficient.

The starting point is to encourage all employees to determine who their "customers" are.

Directions: List your ***customers*** below (both ***internal*** and ***external***).

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Seven Points of Customer Service

1. Remain focused on what the customer wants: Seek to do more than is expected, but promise only what can be delivered.

2. Accept, support, and encourage productive change.

3. Respect the privacy and confidentiality of those with whom we come in contact.

4. Be flexible and timely in our approach.

5. Promote the highest level of participation from others in decision-making.

6. Support the efforts of our co-workers (in our actions, thoughts, and words).

7. Remain sensitive and non-judgmental about differences of values, opinions, backgrounds and situations.

Dealing with Angry Customers

- **Prepare yourself for disagreements, conflicts, hostility**:
    - **Take a deep breath**, or
    - **Picture the other person**, or
    - **Think about the other person's point of view**, or
    - **Picture something relaxing**, or
    - **Tense and then relax your muscles.**
- **Speak in an even tone of voice.**
- **Allow the speaker to complete his or her *story*.**
- **Restate information to let the caller know what you heard.**
- **Clarify or paraphrase the problem.**
- **Express support and follow up.**
- **Assure the caller you'll get back with some specifics, and *do it!***

Guidelines for Telephone Success

- Be prepared by focusing on the call.
- Be prepared with a pen/pencil and paper.
- Give a greeting.
- Identify yourself, your unit, your organization.
- Ask how you can help the caller.
- Use the caller's name.
- Take responsibility for getting essential information.
- Ask appropriate questions.
- Listen to tone of voice as well as words.
- Restate information to assure that it's correct.
- Talk at an appropriate rate.
- Speak with a pleasant tone.
- Determine whether you or someone else should handle the call.
- Ask if it's okay *before* putting someone on hold.
- Check back with callers that you put on hold.
- Close the call at the right time with an expression of appreciation.

Participant Post-Program Survey

Today's Date:

Training Topic Title:

Name of Your Affiliate:

Your job Title:

How Long You Have Worked for The Eddy/Northeast Health:

Directions: After you have completed this training session, please take a few minutes to write brief answers to the questions below:

1. What are a few of the most important things that you learned from this session?

2. Would you recommend this training to a co-worker? Why, or why not?

3. How do you plan to use what you've learned?

4. If you could change one thing about this training session, what would you change?

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new directions in customer service

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CALLING FOR CARE THE TELEPHONE IN CUSTOMER SERVICE

TAKING RESPONSIBILITY FOR CONFLICT

DIFFICULT PEOPLE: STRATEGIES FOR SUCCESSFUL SOLUTIONS

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HANDLING CHANGE IN THE HEALTHCARE ENVIRONMENT

WORKING TOGETHER WITH OUR DIFFERENCES

TRAINING PROCESS GUIDE

TAKING RESPONSIBILITY FOR CONFLICT

TRAINING PROCESS GUIDE

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Trainer Preparation

- Familiarize yourself with the *Rationale and Goal* for this module on the following page.
- Prepare newsprint with *Learning Objectives* (optional - see *Introduction*).
- Create two large cards with the words *FIGHT* and *FLIGHT* (*optional* - see page 7).
- Prepare newsprint with *blip*, *clash*, and *crisis* definitions (see page 8).
- Prepare newsprint with *CONFLICT RESPONSIBILITY CHART* (see page 10 of *Participant Packet*).
- Familiarize yourself with the videotape, *Taking Responsibility for Conflict (9:40)*, or review the transcripts of the video on pages 15-22 of this *Training Process Guide*.
- Gather and prepare *Trainer* and *Participant* materials listed below.

Materials:

The trainer is responsible for knowing how many participants will be in attendance prior to training so that s/he can reproduce and supply the correct amount of participant materials listed below.

Trainer
Newsprint and Flipchart Stand
Markers and Masking Tape
Registration Forms
VCR/Monitor
Taking Responsibility for Conflict video

Participants
Participant Packets
Pencils, Pens

Classroom Setting:

- The room should be large enough to allow participants to move into pairs and small groups.
- Table space should be available for groups to write on large newsprint pages.
- Walls should accommodate flip chart pages being taped around the room.
- Tables and chairs should be movable to allow for different configurations.

Training Time: 3 Hours

TAKING RESPONSIBILITY FOR CONFLICT

Rationale and Goal

Employees in the healthcare industry deal with people who are often in distress. This environment can cause high levels of stress that may lead to conflict between employees and residents or between employees and their co-workers. While health employees may feel competent in their ability to provide quality care, they may not feel competent in their ability to deal with conflict situations that may arise in their work environment. Developing strategies to effectively manage the conflict they confront during the work shift is essential for success in employment, and for providing quality customer service. Employees must have skills and knowledge to draw upon appropriate strategies for dealing with conflict in their work teams. The goal of this module is to develop these skills.

Learning Objectives

Upon completing this module, participants will be able to:

- Identify current and potential conflict situations at their work sites
- Identify their own most common styles and strategies for dealing with workplace conflict
- Differentiate between a *blip*, a *clash*, and a *crisis*
- Take ownership for conflict situations
- Apply a *Four-Step Approach* for resolving conflict
- Use specific techniques for dealing with conflict

Competencies

- Thinking analytically
- Listening for key ideas and words
- Observing and interpreting nonverbal cues
- Recognizing others' points of view
- Paraphrasing ideas
- Responding to others appropriately

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Introduction

FOCUS: **To allow participants to introduce themselves and to provide a general overview of the *Rationale and Goal* and *Learning Objectives* of the module.**

TIME: **20 Minutes**

TRAINING PROCESS:

1. **Welcome** the participants and introduce yourself as the trainer.

2. **Distribute** the attendance roster, and any other required forms.

3. **Conduct** a brief go-around and ask people to identify their departments and how long they have worked at Northeast Health.

4. **Review** the *Rationale and Goal* of the module by either reading it aloud or by summarizing: *"Healthcare employees feel competent in providing care to patients and residents. However, they consistently express less than a high degree of assuredness in their ability to deal with conflicting interactions and situations that arise on the floor in the process of doing the job of providing care for these customers. Therefore, it is essential to develop skills in understanding and dealing with conflict appropriately."*

5. **Present** an overview of the module's *Learning Objectives*. There are two options for facilitation.

   Option I:

   a) **Show** *Learning Objectives* on pre-printed newsprint, or

   b) **Refer** participants to the *Learning Objectives* on page 1 of their *Participant Packets* and either review as a group or read silently and discuss.

Option II:

[*TRAINER NOTE*: Option II offers a richer larger group interaction, but takes more time and requires that the trainer be comfortable assimilating unexpected participant responses into the flow of the training.]

a) **Present** a general overview of the *Rationale and Goal* of the module.

b) **Distribute** newsprint and markers to participants individually or in small groups depending on size.

c) **Direct** participants to write their individual expectations for the training session based on the *Rationale and Goal* of the module.

d) **Post** newsprint sheets around the room.

[*TRAINER NOTE*: If space does not allow, ask participants to verbalize while you write responses on newsprint and post.]

e) **Show** *Learning Objectives* on a pre-printed newsprint and compare to posted participant lists.

[*TRAINER NOTE*: Try to prepare for expectations and/or objectives that are not listed on your prepared newsprint. Trainee suggestions need to be addressed in some manner once they are vocalized.]

6. **Ask** participants to complete page 2 in their packets, *Participant Pre-Program Survey*, and tear out and hand in to the trainer. This is an individual activity that does not need to be shared, but, if appropriate, the trainer may ask for volunteers to share responses with the larger group.

Customer Service

FOCUS: **To introduce Northeast Health's *Seven Points of Customer Service* and the purpose of the *New Directions in Customer Service* training initiative.**

TIME: **15 Minutes**

TRAINING PROCESS:

1. **Direct** participants to their *Participant Packet*, page 3, *Who are my Customers?*. Emphasize the importance of treating colleagues, or *internal customers*, just as well as the *external customer*. Lead a discussion asking participants to identify all *customers* of Northeast Health.

2. **Refer** participants to the *Seven Points of Customer Service on* page 4 of their *Participant Packet*. Ask participants which of the seven points might be addressed in this module.

3. **Ask,** *"How does internal conflict interfere with customer service?"*

   Possible answer: *"Because helping professions have increased stress levels which often leads to conflict, it is important to develop effective strategies that are useful in de-escalating internal conflict. When employees are in conflict with each other, the healthcare team concept breaks down. This ultimately results in poor or reduced levels of customer care to residents, patients, clients, and may extend to their families as well."*

NOTES:

Take A Moment

FOCUS: **To provide participants with an opportunity to take a moment to identify and reflect upon a current or potential conflict situation at their worksites.**

TIME: **20 Minutes**

TRAINING PROCESS:

1. **Direct** participants to complete the activity, *Take a Moment*, on page 5 of their *Participant Packets*.

2. **Ask** the group to pair off and share information with partners. Ask them to remember issues of confidentiality and to not use real names or easily identifiable pseudonyms.

3. **Engage** the large group in a discussion around the following key learning points or guidelines for understanding the nature of conflict:

    - Conflict involves *interaction between two or more persons*
    - An *interdependence* exists between the individuals involved
    - The persons hold *differences in perspective*
    - The persons perceive *interference* from the other(s) in achieving goals
    - A level of *emotional* involvement exists

5. **Refer** learners back to their partners to apply the previously discussed key learning points/guidelines to the situation they recorded in *Take a Moment*.

NOTES:

The Conflict Response Continuum

FOCUS: **To assist participants in understanding the spectrum of conflict and their responses to conflict situations.**

TIME: **20 Minutes**

TRAINING PROCESS:

1. **Facilitate** a discussion of common responses to conflict which includes the *Fight* or *Fligh*t extremes. A *Fight* response is aggressive behavior such as shouting and using physical movements. *Flight* behavior usually results in withdrawal from the problem.

2. **Demonstrate** the conflict response continuum by asking one person to come to the front of the room and stand as a representative of extreme *flight* behavior.

3. **Ask** another to stand opposite them and represent extreme *fight* behavior. You may want each to hold a large card that says *Fight* or *Flight*.

4. **Ask** the rest of the class to think about their own typical personal reactions. Where do they think they fit between the two extremes? Or, perhaps they fall into one of the extreme categories.

5. **Direct** the participants to place themselves somewhere in between the two extremes, or join the participants who represent the two extremes.

6. **Initiate** a discussion as to *where* people placed themselves, and *why*.

Guidelines for this discussion would include:

- Why did some people stand in the middle? (mention, mediation, arbitration)
- Did some people have a hard time placing themselves anywhere because their reaction depends upon the specific situation?
- Did some people move closer to the two extremes? Why? (maybe a matter of perception/perspective)

[TRAINER NOTE: In conflict situations people often take sides for emotional, rather than logical reasons.]

Degrees of Conflict

FOCUS: **To help participants recognize that there are varying degrees or levels of conflict.**

TIME: **20 Minutes**

TRAINING PROCESS:

1. **Facilitate** a discussion using preprinted newsprint to define, *blips, clashes, and crises* as levels of conflict.

2. **Make** the following learning points: differentiate between a *blip*, (minor annoyance), a *clash*, (build-up of *blips*,) and a *crisis*, (supervisory intervention needed). Point out that:

    - *clashes* are among the most common workplace problems.
    - *blips* can easily become a *clash* and may blossom into full-blown *crises* if they are not attended to appropriately and quickly.

    Stress the boundaries of the workplace--the employee can deal with *blips* and *clashes*, but is 'out of bounds' in dealing with *crises*. When a workplace crisis occurs, a supervisor must be informed and brought into the situation.

3. **Direct** participants to page 6 in their packets, *Degrees of Conflict*.

4. **Ask** group to refer back to the conflict that they identified previously in *Take a Moment* and have them place it in the correct category at the bottom half of page 6.

5. **Ask** participants to come up with two other examples for the two remaining *degrees of conflict*. These examples can be ones that were *observed* in the workplace. It is not necessary that the conflict involved the participant directly.

6. **Request** a large group discussion to share what was written. The trainer's task is to ascertain that there is a clear differentiation between the three *degrees of conflict*.

The Four Step Approach

FOCUS: **To assist participants in developing strategies to handle conflict.**

TIME: **20 Minutes**

TRAINING PROCESS:

1. **Refer** class to *Participant Packet* page 7, *Managing Conflict: A Four-Step Approach.*
2. **Expand** on each step. Ask questions to elicit discussion such as:
    - Why is the time important?
    - What difference should it make where you discuss the situation?
    - What's the importance of a discussion?
3. **Verbalize** that an agreement needs a *win/win* outcome. All parties involved in the conflict need to come to consensus.
4. **State** that to manage conflict successfully, *there are no winners or losers.*
5. **Ask** participants to *plan* a *Four-Step Approach* to resolving the conflict they identified previously by completing page 8 in their packets.
6. **Have** a large group discussion once all have finished.

NOTES:

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Specific Techniques

FOCUS: **To give participants additional specific techniques to manage conflict.**

TIME: **25 Minutes**

TRAINING PROCESS:

1. **Tell** participants to form groups and refer to page 9 in their packets, *Using I Statements*.

2. **Initiate** a large group discussion about the technique of using *I Statements* in resolving conflict. Explain the difference in emotional reactions to the use of *YOU*, rather than *I*. You might want to use this example:

> "You make me uncomfortable when you say those things."
> as opposed to . . .
> "I feel uncomfortable when you say those things."

4. **Ask** the groups to work together in rewriting the statements on page 9.

5. **Elicit** samples of the rewritten statements from each group.

6. **Refer** participants to page 10, *Taking Responsibility for Conflict*, in their packets.

7. **Use** preprinted newsprint to illustrate the *CONFLICT RESPONSIBILITY CHART*.

8. **Explain how** *passive* and *assertive* behaviors and speech do not aid in resolving conflict and keep conflict situations in the past or present.

9. **Tell** class about the importance of the *FUTURE* heading and using words like, "*We can,*" "*We will,*" "*Together,*" and so on.

10. **Ask** for a definition of *collaborative*. Ask why collaborative is better.

> *"Employees need to think and speak in a collaborative manner in order to create a win/win agreement that becomes a plan for moving ahead. Collaborative behavior means working together collectively as a team."*

11. **Discuss** the words under PAST. Why do they sound negative? Do these words move a situation forward in a positive manner? Why is being *passive* viewed as negative?

> *Passive may be a form of subtle resistance to resolving the conflict.*
> *Passiveness may explode negatively.*

12. **Ask** participants to help you fill in positive words and phrases to de-escalate conflict in the blank boxes on the chart. Fill in responses on newsprint.

13. **Facilitate** the group towards consensus for the best choices to fill in the blank boxes on the chart.

14. **Fill** in the best choices on newsprint.

NOTES:

Video Overview

FOCUS: **To illustrate, using three video case scenarios, specific examples of conflict in the workplace and how they might be resolved or managed successfully.**

TIME: **30 Minutes, including *Taking Responsibility for Conflict* (9:40) video.**

TRAINING PROCESS:

1. **Tell** the group that they will now have an opportunity to see three different conflict situations in the workplace.

2. **Note** that the scenarios are constructed so that first negative situations and people are coupled with ineffective strategies. Then a second vignette follows which illustrates, by caption, the correct strategy using specific skills.

   [*TRAINER NOTE*: Review the vignette, *Rushing Rita*." You will observe that this video does not follow the format previously described. It is the single exception. The resolution of the *conflict situation* in this vignette is opened for a trainer-led class discussion.]

3. **Use** these skill strategies to promote discussion and reinforcement.

The Vicious Cycle & Breaking the Cycle

This scenario depicts a *blip* which is suppressed, and eventually gains momentum in a snowball effect to become a *crisis*. This scenario is the classic example of the *one in twenty-five rule of blips*. The principle is that twenty-four people will not address or confront the potential conflict immediately and assertively, but will complain to other people. This tactic sets in motion seeds of distrust, resentment, and involves other people, either directly or indirectly, in the conflict. This often leads to a "*crisis*" which involves supervisory intervention. The supervisory intervention sometimes exacerbates the situation beyond resolution.

Key Skill Strategies:

- Be assertive
- Address problem situations immediately
- Do not allow emotion and resentment to build
- Talk only to the person/people involved in the situation

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- Do not take your interpretation of the situation to other staff members and involve them in a situation
- Give the person(s) involved in the situation a chance to be heard
- Recognize the other person's perspective
- See if the Four-Step Approach might be applied to the situation

Rushing Rita (A Blip) & Rushing Rita (A Clash)

This scenario depicts two Certified Nursing Assistants experiencing a *blip*. From the tone of the conversation, we can assume that there have been a series of *blips* over the same problem. This is a ripe situation which shows promise of becoming a full-blown *crisis*. This scenario will require closure from the group.

Key Skill Strategies:

- Practice assertiveness
- Use *I Statements*
- Apply the Four-Step Approach

The Sideswiper & Dealing with the Sideswiper

This scenario illustrates an *attack* against a healthcare team member. *Sideswipers* often contribute to and create conflict in the workplace while removing themselves from direct involvement in the situation. They seek to agitate others and hope that others will take the lead in solving *their* problem.

Key Skill Strategies:

- Use assertive skills
- Use *I Statements*
- Confront the *sideswiper*
- Do not allow yourself to become part of another person's conflict or resolution

Summary and Closure

FOCUS: **To review key points and *Learning Objectives* of the module.**

TIME: **10 Minutes**

TRAINING PROCESS:

1. **Review** key points of the module. State that all strategies in this module should help when dealing with conflict situations in the workplace. "Happy *internal customers* send positive messages to others, and this is *consistent* with the *message* Northeast Health chooses to convey to its *external customers*."
2. **Ask** participants whether all *Learning Objectives* have been met by either reviewing preprinted newsprint or page 1 of *Participant Packets*.
3. **Ask** the group to complete the *Participant Post-Program Survey* on page 11 of their packets and tear out and hand in to the trainer.
4. **Thank** all participants and conclude the session.

NOTES:

TAKING RESPONSIBILITY FOR CONFLICT

VIDEO SCRIPTS

(Video is approximately 10 minutes in length)

"The Vicious Cycle" (Interactions 1 & 2)

"Rushing Rita" (Interactions 1 & 2)

"The Sideswiper" (Interactions 1 & 2)

THE VICIOUS CYCLE

The scene opens in the cafeteria. A new cashier, John, is closing out for the day while an experienced cashier, Conner, stacks away trays.

John: Yes, checks out! I'm done. (closes drawer, looks at clock)

(((**John's inner voice:** What do I do now? It's another fifteen minutes before I check out. Nobody told me what to do--(John reaches into the drawer and pulls out a newspaper which he reads at the cashier's stand) I guess I'll just read my paper.)))

(Conner is putting trays away, glances over to see John reading newspaper. He gives the next tray a loud banging sound as he places it in the rack)

(((**Conner's inner voice:** Where's the supervisor when you need him? Look at him! Can't he see that I am up to my ears in work? I'm really tired of these new people. They never offer to help, and the first chance they get, they goof off.)))

(Conner sits at a table and talks to another co-worker, Mary)

Conner: I'm really tired of these new people. There I was over there working my behind off and he was just sitting there reading a newspaper. And Fred, our glorious supervisor, was nowhere to be found. I was so mad I almost broke something.

Mary: Yes, I know, the same thing happened with George. Look how long we had to put up with that before Fred finally did something about it. Well, I'm not going to sit around and wait. I have to work with that jerk next week.

(Mary sits at a table and talks with her supervisor Fred)

Mary: Fred, you better do something. He spent all afternoon reading a book for crying out loud. I have to work with him next week, and I'm not putting up with it!

Fred: You've got to be kidding. I told him he would have to hustle on this job. Don't worry about it Mary, I'll take care of this.

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(continued . . .)

(**THE VICIOUS CYCLE** continued…)

(Fred sits down at a table to speak with John)

Fred: John, I've had complaints about your work. It appears that you're not helping out others as I said you should. In fact, you were reading at a time when you should have been helping others. I can't have this.

John: What? I don't know what you're talking about. I do my work. My register checked out and everything.

Fred: When you finish checking your register out, you should be helping out others like I said.

John: You never told me anything about doing other stuff. All I remember is that you told me I'd be in trouble if my register didn't check out.

Fred: Well, If you don't help out more around here, I'm afraid you're not going to make it around here.

John: Yeah, well, why don't I save you the trouble--I QUIT!"

BREAKING THE CYCLE

The scene opens in the cafeteria. A new cashier, John, is closing out for the day while an experienced cashier, Conner, stacks away trays.

John: Yes! checks out, I'm done. (closes drawer, looks at clock)

(((**John's inner voice:** What do I do now? It's another 15 minutes before I check out. Nobody told me what to do--(John reaches into the drawer and pulls out a newspaper which he reads at the cashier's stand) I guess I'll just read my paper.)))

(Conner is putting trays away, glances over sees John reading newspaper, stops work and goes over to John)

Conner: Hey, you finished? Everything checked out?

John: Yeah.

Conner: Great, can you come on over and give me a hand? Help me finish up?

John: Sure thing, what do you need done?

Conner: Come on over.

RUSHING RITA (A Blip)

(In nursing office) Rita and other CNA Nancy.

(Nancy is filling out paperwork at desk when Rita suddenly comes in with her coat on)

Rita: Can you do me a favor? Here's my sheet, can you fill in my "I and O's" for me? I really need to leave to pick up my son. (throws sheets down and is on her way out)

Nancy: But... (taken by surprise)

Rita: What? (loud and annoyed)

Nancy: Never mind. (disgusted, shaking her head as Rita leaves)

RUSHING RITA (A Clash)

(In nursing office) Rita and other CNA Nancy.

(Nancy is filling out paperwork at desk when Rita suddenly comes in with her coat on)

Rita: Can you do me a favor? Here's my sheet, can you fill in my "I and O's" for me? I really need to leave to pick up my son. (throws sheets down and is on her way out)

Nancy: Don't throw your work at me. We all have places to go. Do your own work!

Rita: Fine! But don't ask me to do you any favors! (gathers up papers and storms out)

THE SIDESWIPER

(In hall) Two cleaning staff, Susan and Dee, have just finished work.

Susan:	Geez…I am bushed, I don't know if that room could have been any dirtier.
Dee:	Yeah, well it helped that today at least our entire team is here. Yesterday it was worse having only one full time person on the shift.
Susan:	Well you know, Rachel can't seem to make it to work all the time because she is privileged. She has children! Those people with children always get away with being absent from work all the time. I swear I need to get some of those myself. Nothing quite like having a few children to get days off here and there.
Dee:	Now Susan, I don't think that's a fair statement. I have children too, and I know how it can get with my kids. Maybe Rachel had something serious come up.
Susan:	Relax Dee, I wasn't talking about you and your kids. You only use the kids as an excuse every once in a while, not like frequent flyer Rachel. She's always flying out of here on the drop of a dime to go to the aid of one of her precious little ones while the rest of us are stuck with her work. Maybe you should talk to her, mother to mother, and teach her how to mother from afar, and still make it to work more regularly.
Dee:	(looking at Susan and shaking her head in frustration)

DEALING WITH THE SIDESWIPER

(In hall) Two cleaning staff, Susan and Dee have just finished work. They begin to talk and during their conversation, unknown to them, Rachel appears, and is listening in the hallway.

Susan: Geez…I am bushed, I don't know if that room could have been any dirtier.

Dee: Yeah, well at least it helped today our entire team is here. Yesterday, it was worse having one full time person out.

Susan: Well you know, Rachel can't seem to make it into work all the time because she is privileged. She has children! Those people with children always get away with being absent from work all the time. I swear I need to get some of those myself. Nothing quite like having a few children to get days off here and there.

Dee: Now Susan, I don't think that's a fair statement. I have children too, and I know how it can get with my kids. Maybe Rachel had something serious come up.

Susan: Relax Dee, I wasn't talking about you and your kids. You only use the kids as an excuse every once in a while, not like frequent flyer Rachel. She's always flying out of here on the drop of a dime to go to the aid of one of her precious little ones, while the rest of us are stuck with her work. Maybe you should talk to her, mother to mother, and teach her how to mother from afar, and still make it to work more regularly.

Dee: Now Susan, I don't think that's fair. Have you ever thought of it from Rachel's point of view? Have you ever discussed your feelings with her about how her leaving to care for her children makes you feel? Perhaps, if you talk to Rachel you might be able to understand her situation, and she might understand your feelings.

You know, complaining to me is not going to change anything because I'm not the one you have the problem with, and, quite frankly, I don't agree with you. I really don't want to talk behind Rachel's back.

(Rachel has overheard the conversation and approaches)

Rachel: Susan, I could not help but overhear what you were just saying. I did not realize my absences created such a problem for you. Perhaps we should discuss this, and you won't have to discuss it with others in the future.

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new directions in customer service

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CALLING FOR CARE THE TELEPHONE IN CUSTOMER SERVICE

TAKING RESPONSIBILITY FOR CONFLICT

DIFFICULT PEOPLE: STRATEGIES FOR SUCCESSFUL SOLUTIONS

RX FOR STRESS MANAGEMENT

TEAMBUILDING

HANDLING CHANGE IN THE HEALTHCARE ENVIRONMENT

WORKING TOGETHER WITH OUR DIFFERENCES

PARTICIPANT PACKET

TAKING RESPONSIBILITY FOR CONFLICT

PARTICIPANT PACKET

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Learning Objectives

Taking Responsibility for Conflict

Upon completing this module, participants will be able to:

- Identify current and potential conflict situations at their work sites
- Identify their own most common styles and strategies for dealing with workplace conflict
- Differentiate between a *blip*, a *clash* and a *crisis*
- Take ownership for conflict situations
- Apply a *Four-Step Approach* for resolving conflict
- Use specific techniques for dealing with conflict

Participant Pre-Program Survey

Today's Date:

Training Topic Title:

Name of Your Affiliate:

Your Job Title:

How long have you worked for The Eddy/Northeast Health?

Directions: Please answer the question below before you take this training:

1. What do you expect to learn or review during this training?

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Who Are My Customers?

It is very easy for people to think that *customer service* deals with handling outside (*external*) customers and, therefore, only applies to staff who have customer contact. This is not the case. The service one person provides another *within* a company, to one degree or another, affects the service that a company is able to provide its external customers. If everyone in an organization treated colleagues as if they were customers (*internal*), the company would not only be totally *customer-oriented*, it would also be more efficient.

The starting point is to encourage all employees to determine who their "customers" are.

Directions: List your ***customers*** below (both ***internal*** and ***external***).

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Seven Points of Customer Service

1. Remain focused on what the customer wants: Seek to do more than is expected, but promise only what can be delivered.
2. Accept, support, and encourage productive change.
3. Respect the privacy and confidentiality of those with whom we come in contact.
4. Be flexible and timely in our approach.
5. Promote the highest level of participation from others in decision-making.
6. Support the efforts of our co-workers (in our actions, thoughts, and words).
7. Remain sensitive and non-judgmental about differences of values, opinions, backgrounds and situations.

Take a Moment

Directions: Think of a conflict you were involved with at work and answer the following questions.

1) Who was involved? (List all key people)

2) What took place? (Explain what the actual conflict was about)

3) Where did the conflict occur and how did that affect the situation? (Be specific)

4) Why did the conflict occur? (List as many reasons as possible)

5) When was the conflict first apparent? (Be as specific as possible)

6) How did the conflict affect the workplace and people involved?
(List both negative and positive effects)

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Degrees of Conflict

Crisis Point

Clashing Forces

Blip of Annoyance

Directions: Decide whether the conflict you described on the previous page was a *blip*, a *clash*, or a *crisis* and list it below. Then describe two other experiences that can be categorized under the other two *degrees of conflict*.

1) A *crisis* I've experienced is

2) A *clash* I've experienced is

3) A *blip* I've experienced is

Managing Conflict: A Four-Step Approach

STEP 1 - Set a time to talk it out.

STEP 2 - Find a place to talk it out.

STEP 3 - Talk it out.

STEP 4 - Come to agreement.

Planning a Four-Step Approach

Directions: Using a conflict that you identified in an earlier activity, plan your own *Four-Step Approach* to managing it.

STEP 1 (TIME):

STEP 2 (PLACE):

STEP 3 (DISCUSS):

STEP 4 (WIN/WIN AGREEMENT):

Using *I Statements*

Directions: Rewrite the following *YOU Statements* as acceptable *I Statements*.

1. "Don't you look at me like that!"

2. "You're going to have to change your style if you want to get along around here."

3. "You better hurry up and get that floor done or you'll be in a heap of trouble when the supervisor gets here."

4. "Are you going to sit there all night? Do you think this work is going to get done by itself?"

5. "You need to understand my point of view here."

Taking Responsibility for Conflict

CONFLICT RESPONSIBILITY CHART

PAST	PRESENT	FUTURE
Passive	Assertive	Collaborative
Why	*I need...*	*How can we.......?*
did... *does...* *doesn't...*	*You need...*	
They *always...* *never...*		

Participant Post-Program Survey

Today's Date:

Training Topic Title:

Name of Your Affiliate:

Your Job Title:

How long have you worked for The Eddy/Northeast Health?

Directions: After you have completed this training session, please take a few minutes to write brief answers to the questions below:

1. What are a few of the most important things that you learned from this session?

2. Would you recommend this training to a co-worker? Why, or why not?

3. How do you plan to use what you've learned?

4. If you could change one thing about this training session, what would you change?

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TRAINING PROCESS GUIDE

DIFFICULT PEOPLE: STRATEGIES FOR SUCCESSFUL SOLUTIONS

TRAINING PROCESS GUIDE

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Trainer Preparation

- Familiarize yourself with the *Rationale and Goal* for this module on the following page.
- Prepare newsprint with *Learning Objectives* (optional - see *Introduction*).
- Make extra copies of *Negative/Positive Role Play Observations* (see *Participant Packet* pages 8-9).
- Prepare newsprint with Maslow's *Hierarchy of Needs* (see *Participant Packet*, page 10).
- View and familiarize yourself with the videotape, *Difficult People* (13:10), or review video scripts on pages 14-20 at the end of this *Training Process Guide*.
- Gather and prepare *Trainer* and *Participant* materials listed below.

Materials:

The trainer is responsible for knowing how many participants will be in attendance prior to training so that s/he can reproduce and supply the correct amount of participant materials listed below.

Trainer
Newsprint and Flipchart Stand
Markers and Masking Tape
Registration Forms
VCR/Monitor
Difficult People videotape (13:10)

Participants
Participant Packets
Pencils, Pens
Extra Copies of Negative/Positive Role Play Observations

Classroom Setting:

- The room should be large enough to allow participants to move into pairs and small groups.
- Table space should be available for groups to write on large newsprint pages.
- Walls should accommodate flip chart pages being taped around the room.
- Tables and chairs should be movable to allow for different configurations.

Training Time: 3 Hours

Difficult People:
Strategies for Successful Solutions

Rationale and Goal

It is critical to patient, resident and client care that staff in the healthcare environment communicate effectively. The Care Team must work together productively and without interpersonal conflict in order to best serve customer needs. The most successful people in the workplace are those who know themselves, know the demands of a variety of work situations, and can adapt strategies to meet those varying demands. The goal of this module is to enhance employees' understanding of difficult behavior in order to identify strategies and interpersonal skills that are conducive to successful solutions in difficult situations. The module addresses behavioral styles that may contribute to difficult encounters in the work environment. The aim is for employees to make more conscious decisions to modify their behavior as deemed necessary, and to understand behavioral forces that motivate both themselves and others.

Learning Objectives

Upon completing this module, participants will be able to:

- Recognize potential causes of difficult behaviors based on Maslow's Theory of Motivation
- Define forces and circumstances that may contribute to difficult behaviors
- Identify strategies for dealing with various types of difficult people
- Increase decision-making skills to modify personal behavior in difficult situations
- Utilize positive responses when interacting with difficult people in the workplace to ensure optimum customer service

Competencies

- Increase decision-making skills
- Develop critical thinking
- Thinking analytically
- Problem solving
- Understanding behavior

Introduction

FOCUS: **To allow participants to introduce themselves and to provide a general overview of the *Rationale and Goal* and *Learning Objectives* of the module.**

TIME: **15 Minutes**

TRAINING PROCESS:

1. **Welcome** the participants and introduce yourself as the trainer.

2. **Distribute** the attendance roster, and any other required forms.

3. **Conduct** a brief go-round and ask participants to identify their department and how long they've worked for Northeast Health.

4. **Review** the *Rationale and Goal* of the module by either reading it aloud or by summarizing: *"It is critical to patient, resident and client care that the Care Team work together efficiently and communicate effectively. The Care Team needs to function without interpersonal conflict or hostility. Employees need to enhance skills in seeking successful solutions to encounters with difficult people."*

5. **Present** an overview of the module's *Learning Objectives*. There are two options for facilitation.

Option I:

a) **Show** *Learning Objectives* on preprinted newsprint, or

b) **Refer** participants to the *Learning Objectives* on page 1 of their *Participant Packets* and either review as a group or read silently and discuss.

Option II:

[*TRAINER NOTE*: Option II offers a richer larger group interaction, but takes more time and requires that the trainer be comfortable assimilating unexpected participant responses into the flow of the training.]

a) **Present** a general overview of the *Rationale and Goal* of the module.

b) **Distribute** newsprint and markers to participants individually or in small groups depending on size.

c) **Direct** participants to write their individual expectations for the training session based on the *Rationale and Goal* of the module.

d) **Post** newsprint sheets around the room.

[*TRAINER NOTE*: If space does not allow, ask participants to verbalize while you write responses on newsprint and post.]

e) **Show** *Learning Objectives* on preprinted newsprint and compare to posted participant lists.

[*TRAINER NOTE*: Try to prepare for expectations and/or objectives that are not listed on your prepared newsprint. Trainee suggestions need to be addressed in some manner once they are vocalized.]

6. **Ask** participants to complete the *Participant Pre-Program Survey* on page 2 of their packets and tear out and hand in to the trainer. This is an individual activity that does not need to be shared but, if appropriate, the trainer may ask for volunteers to share responses with the larger group.

Customer Service

FOCUS: **To introduce Northeast Health's *Seven Points of Customer Service* and the *New Directions in Customer Service* training initiative.**

TIME: **10 Minutes**

TRAINING PROCESS:

1. **Direct** trainees to *Participant Packet* page 3, *Who are my Customers?* Emphasize the importance of treating colleagues, or *internal customers*, just as well as the *external customer*. Lead a discussion asking participants to identify all *customers* of Northeast Health.
2. **Refer** participants to the *Seven Points of Customer Service* on page 4 of their *Participant Packet*. Ask participants which of the seven points might be addressed in this module.
3. **Ask,** *"How do difficult internal relations contribute to poor customer service?"*

   Possible answer: *"When employees are dealing with the difficult behaviors of their co-workers, the environment becomes uncomfortable. Poor relationships contribute to tardiness, absenteeism, stress, poor morale, low productivity and lack of efficiency. These factors reach the external customer, patients, residents, clients, and the families of those needing care through negative nonverbal and verbal interactions."*

[*TRAINER NOTE*: You may want to write responses on newsprint and post around room.]

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Profiles

FOCUS: To assist participants in defining and categorizing difficult behaviors in the workplace.

TIME: 20 Minutes

TRAINING PROCESS:

1. **Ask** participants to write a profile, using page 5 of their packets, of a *difficult co-worker* that they have encountered.
2. **Ask** participants to write how they handled the situation using page 6 of their packets. Did they confront the situation? How? What methods did they use? What happened? Did they ignore the situation? If so, What happened? How did they feel?
3. **Ask** participants to share responses. Note responses on flipchart paper.
4. **Lead** the group through a discussion of responses taking note of repeat strategies. Address those strategies that were successful; also those that had poor outcomes or low impact.
5. **Observe** and count how many participants confronted the situation. Note how many responded with non-confrontational behavior because they didn't know the appropriate way to handle the interaction.
6. **Summarize** the activity by saying: "*Those who remained passive were probably unhappy and uncomfortable. Eventually these feelings lead to stress. When people are unhappy in the workplace, their stress causes low morale, absenteeism, and loss in productivity. Not choosing to address problem interactions may result in poor patient, client, or resident care resulting in poor customer service.*"

Difficult Workers: Role Play

FOCUS: **To provide participants with an interactive exercise that assesses their strengths and weaknesses in handling problem situations.**

TIME: **25 Minutes**

TRAINING PROCESS:

1. **Break** participants into groups of at least three people and assist them in creating a structured role play which illustrates a negative outcome concerning the handling of a difficult co-worker.

2. **Have** the group first brainstorm their ideas on page 7 of their packets. They may want to use the *difficult co-worker* profiled in the previous activity. The role play should illustrate a negative outcome and use both negative verbal and nonverbal behaviors in the portrayal.

3. **Ask** each group to select one person who will introduce the case scenario to the larger group by setting up the *Who*, *What*, *When*, *Where* and *Why* of the situation. Explain that the *How* is demonstrated in the role play itself. . . *How* the situation was handled. Remind participants again that no real names should ever be used in this training session.

4. **Refer** participants to *Negative Role Play Observations* on *Participant Packet* page 8. Each observer of the role play should fill in the blanks on this page after they observe the role play. There should be extra copies of this page distributed for multiple role plays. Tell participants that the role plays will be discussed using these questions.

5. **Tell** participants to tear out page 9 of their packets, *Positive Role Play Observations*, and place to the side. Pass out any extra copies of this page that are deemed necessary. Tell participants that they will have an opportunity at the end of the session to portray *positive* outcomes in their role plays.

Recognizing Behavioral Needs

FOCUS: To explore basic behavioral theory and needs in order to understand forces that contribute to difficult behaviors.

TIME: 20 Minutes

TRAINING PROCESS:

1. **Introduce** Abraham Maslow's *Theory of Motivation (Hierarchy of Needs)* on prepared newsprint. State that *"All behavior has meaning."* Review the *Needs Triangle* on page 10 of the *Participant Packet* starting at the bottom (Level 1) and continuing upward to Level 5.

   [*TRAINER NOTE*: It is not necessary to delve too deeply into Maslow's Theory. Elicit at least two responses from the group for each level The two *needs* that surface frequently in difficult behaviors are: *belonging* (Social - Level 3), and *recognition* (Status - Level 4). As participants begin to understand that most difficult behaviors are the result of individuals trying to meet these needs, it becomes easier to develop and apply techniques to address such behaviors.]

   Examples:
   Level 1 - Physical Needs - Food, clothing, and shelter
   Level 2 - Security Needs - Personal health, safety, job security
   Level 3 - Social Needs - Associations with people
   Level 4 - Status Needs - Self-esteem, ego, respect
   Level 5 - Self-Fulfillment Needs - Personal fulfillment goals

2. **Ask** participants to fill in as many examples as they can in each section on page 10 of their packets. If time allows, you can apply the *Needs Hierarchy* to describe difficult *resident* behaviors, if appropriate to the group.

3. **Ask** participants if they can identify, according to Maslow, what needs might be causing the difficult behavior observed in the negative role plays or in the difficult co-workers profiled.

Analyzing Behavioral Styles

FOCUS: To provide participants with strategies to minimize encounters with difficult people by recognizing characteristics of behavioral styles and attitudes.

TIME: 20 Minutes

TRAINING PROCESS:

1. **Ask** participants to fill in the matching test on page 11 of their *Participant Packet*. This *quiz* helps participants differentiate among three behavior styles, *assertive/aggressive/passive*, through a variety of verbal statement examples.

   Answers:
   1 - C
   2 - B
   3 - B
   4 - A
   5 - B
   6 - C

2. **Ask** for volunteers to stand and demonstrate, before the group, *nonverbal behaviors* that would be appropriately matched to each of the six quiz statements. The volunteers should recite the statements while demonstrating the nonverbal behavior. Several volunteers may be allowed to portray a variety of nonverbal behaviors per statement.

3. **Lead** a discussion which analyzes why an *assertive* style may be more conducive to successful solutions involving a difficult co-worker. Be sure to tie this discussion in with Maslow's Theory and any role play behaviors previously demonstrated.

4. **Ask** participants to generate statements that represent *assertive behavior by* completing the bottom of page 11. If there is time, you may have volunteers demonstrate positive nonverbals that match these *assertive* verbal statements.

5. **Ask** group to define characteristics of *Assertive/Aggressive/Passive Behaviors* by filling in the columns on *Participant Packet* page 12.

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6. **Write** responses on newsprint. Make a determination that participants can differentiate among the three behavior styles.

7. **Instruct** the group to complete the self-assessment on *attitude* on *Participant Packet* page13.

8. **Facilitate** a general discussion about where *attitudes* originate. What influences our attitudes? (family, ethnic background, religious affiliations, school, etc.)

9. **Summarize** by emphasizing how *attitudes* can cause *stereotypes*. Ask the group to arrive at a common definition of *stereotyping (ex. an oversymplified conception or image)*. Ask if they see any stereotypical statements in this checklist. Number 3 is a good example to use.

NOTES:

Video Overview

FOCUS: To illustrate, through video vignettes, techniques that allow for successful solutions during interactions involving difficult people.

TIME: 40 Minutes, includes video time (13 minutes, 10 seconds)

TRAINING PROCESS:

1. **Tell** the group that they will now have an opportunity to see some *difficult people* in action.

2. **Note** that the three case scenarios they will view are presented in two parts. The *first part* of each case study is constructed so that negative situations and people are coupled with *ineffective strategies*. The *second part* of each case scenario demonstrates *effective strategies* for dealing with difficult people and situations and illustrate, by caption, the specific strategy used.

3. **Review** and note key strategies following each case scenario viewed.

4. **Use** these strategies to promote discussion:

   Case Scenario # 1 ***- "The House Expert" & "Working with the Expert"***

   This case scenario depicts a negative work situation portraying a difficult worker sometimes known as the *resident know-it-all* or *house expert*.

   Key Strategies for Successful Solutions:

   - Be respectful of the other person's knowledge.
   - Express a need for further explanation.
   - Don't assume a defensive attitude.
   - Blend the *know-it-all's* ideas with your own.
   - Be willing to learn what they can offer.

Case Scenario #2 - *"The Attacker" & "Controlling the Attack"*

This case scenario portrays an *attacker* in action. *Attackers* tend to act like a tank and run everything over that's in their way.

Key Strategies for Successful Solutions:

- Hold your ground.
- Interrupt the attack.
- Interrupt until you break through.
- Use *I Statements*.
- Restate your position.
- Stay calm and professional.

Case Scenario #3 - *"The Whiner" & "Dealing with the Whiner"*

This case scenario introduces the *negative* mentality of the *whiner or complainer*. If not addressed, this difficult behavior casts gloom on work units and negativity permeates.

Key Strategies for Successful Solutions:

- Empathize with the situation.
- Encourage alternative thinking.
- Challenge the complainer as to how s/he would solve/change the problem, situation, etc. (Chances are they really have no positive ideas and will back off since they enjoy the *doom and gloom)*.
- Use *I Statements*.
- Practice *assertive* closure.

NOTES:

Summary and Closure

FOCUS: To review key points and Learning Objectives of the module.

TIME: 25 Minutes

TRAINING PROCESS:

1. **Review** key points of the session with participants and review the *Learning Objectives* by referring participants to either the preprinted newsprint or page 1 of their packets.

2. **State** that all strategies in this module should help when dealing with difficult people. "*Happy internal customers send positive messages which is consistent with the message Northeast Health chooses to convey*"

3. **Break** the group back into their original role play groups and close with the request to participants to use all their new knowledge, strategies and attitudes to recreate their original negative role play so that it now portrays a *positive and successful solution.*

4. **Refer** the group to their *Positive Role Play Observations* (page 9) sheets that they previously tore out of their *Participant Packets.*

   [*TRAINER'S NOTE*: May need to distribute extra copies to class for each positive role play.]

5. **Summarize** role plays and compliment participants on their improvements.

6. **Ask** participants to complete page 14, *Participant Post-Program Survey*, and tear out and hand in to the trainer. Thank all and conclude the session.

Difficult People: Strategies for Successful Solutions

VIDEO SCRIPTS

(total video length is approximately thirteen minutes)

"The House Expert" (Interactions 1 & 2)

"The Attacker" (Interactions 1 & 2)

"The Whiner" (Interactions 1 & 2)

THE HOUSE EXPERT

Two female co-workers are in an office. One person is having trouble with a new computer system. The *Know-it-All* rushes over and literally takes over.

Amy: (whining tone) This is so frustrating. I'm locked in here and can't get out. Even the escape button doesn't work. I'm never going to get this report done on time. Do they think we're computer experts around here?

Nancy (Know-It-All): (listening in the background) Hey, don't worry, don't worry. There's really nothing to this. It's very simple. Anybody can do it. Here, let me show you.

(takes over computer, begins to click and speak rapidly) (Amy is staring at her)

You click twice on the number three icon. Now, you move the cursor to the plus sign and click. See how simple it is? I didn't even have any training. Now, do you have it? I just opened the screen for you.

Amy: I thought we were supposed to move the cursor to the negative sign.

Nancy: (Know-It-All): Oh, that's what the book says, but this is a shortcut. I'm showing you a shortcut.

Amy: But, uh.

Nancy: Are you questioning me? It doesn't seem like anybody knows what they're doing around here. (throws hands up in frustration and slides away)

Amy: (negative nonverbals) I still don't have this. (clicking away)

WORKING WITH THE EXPERT

Two female co-workers are in an office. One person is having trouble with a new computer system. The *Know-it-All* rushes over and literally takes over.

Amy: (whining tone) This is so frustrating. I'm locked in here and can't get out. Even the escape button doesn't work. I'm never going to get this report done on time. Do they think we're computer experts around here?

Nancy (Know-It-All): (listening in the background) Don't worry. There's really nothing to this. Anybody can do this. Here, let me show you.

Amy: (interrupts Nancy) Thanks for coming over. Everyone around here knows that you're good with computers.

Nancy (Know-It-All): Well, it's really very simple. All you have to do is click twice on the icon number three. You move the cursor over to the plus sign and click once. See how simple it is? I opened the screen for you. Now, do you have it?

Amy: Well, I think I have it. If you could just bear with me and go slowly. Show me step-by-step.

Nancy (Know-It-All): Ok! Why don't you try and go through that?

(Amy begins clicking while Nancy watches over her shoulder.)

You just clicked on the negative. Remember, I showed you the shortcut?

Amy: I thought that the book said to click on the negative.

Nancy (Know-It-All): Yes, but the shortcut is really much simpler.

Amy: Well, shortcuts are great. But, if you could just show me the basic steps, I might be able to understand it just a little bit better. And, also, how the shortcut works.

Nancy (Know-It-All): Let's try that.

Amy: Ok, thanks.

THE ATTACKER

Office setting - the supervisor is in her office. Her assistant is in the outer office. The phone rings as the scene begins.

(The assistant rings a call into his supervisor. The supervisor picks up the phone with an attitude.)

Supervisor: Yes?

Assistant: I have Dr. Lonergan on the phone. He would like to speak to you.

Supervisor: Put it through. (after a brief wait , calls out to the assistant in a nasty tone) I'm ready. Are you putting the call through, or not?

Assistant: (enters the office) (tentatively) Well, I transferred the call. But, I think I lost it when...

Supervisor: (cuts the assistant off, berating tone) That's just great, Bob! You just lost the County Health Director! Why don't you go back to your office and try and find him! (assistant begins to wilt a bit) And, you better explain to him that it wasn't MY fault that the call didn't get through. I don't know why I have to put up with constant incompetence around here. These mistakes are costing me a lot of time and aggravation. They're giving my office a bad reputation.

Oh, and I was just going through these charts. (picks one up) I can't tell the admissions from the discharges. The admissions should go on the right side of my desk, and the discharges on the left. YOU always get that backwards. Go call Dr. Lonergan, I will smooth this over.

Assistant: (very distraught) I'm sorry, I will call him right now. (leaves quickly)

CONTROLLING THE ATTACK

Office setting - the supervisor is in her office. Her assistant is in the outer office. The phone rings as the scene begins.

(The assistant rings a call into his supervisor. The supervisor picks up the phone with an attitude.)

Supervisor: Yes?

Assistant: I have Dr. Lonergan on the phone. He would like to speak with you.

Supervisor: Put it through. (after a brief wait, calls out to the assistant in a nasty tone) I'm ready. Are you putting the call through, or not?

Assistant: (poised and ready, making direct eye contact) I will have to have Dr. Lonergan call you back. We were disconnected.

Supervisor: Oh, that's just great Bob. You just lost the County Health Director! Why don't you go back in your office and try and find him! And, you better explain to him that it wasn't MY fault that the call didn't get through.

Assistant: (interjecting, assertive) Ms. Johnson...

Supervisor: I don't know why I have to put up with constant incompetence around here.

Assistant: (trying again, slight step forward) Ms. Johnson...

Supervisor: These mistakes are costing me a lot of time and aggravation. They're giving my office a bad reputation.

Assistant: (trying again) Ms. Johnson...

Supervisor: Oh, and I was just going through these charts (picks one up) I can't tell the admissions from the discharges. Admissions should go on the right side of my desk and discharges on the left. YOU always get that backwards.

Assistant: (standing his ground) Ms. Johnson, in the future I will transfer calls directly to your office. After you have spoken with Dr. Lonergan, I will be available to discuss the matter of the medical records at your convenience. I will place the call now. (exits normally)

Supervisor: (looks at him as he leaves)

THE WHINER

Two employees standing by a desk are talking about their supervisor.

Employee 1: So, what do you think of this new guy?

Employee 2: Seems okay to me. I haven't had much to do with him yet.

Employee 1: Well, I hope you don't. He's worse than the last one. You know, I don't know where they find these people. Believe me, I sized him up the minute I saw him. All that phony stuff about getting to know us and being fair. What a crock!

Employee 2: He seemed pretty sincere to me. You're not giving him a chance.

Employee 1: A chance? Hah ! He's been on my case every minute. Everywhere I turn, he's watching me. Spying on me with those beady little eyes.

Employee 2: If you feel that way, why don't you talk to him? Maybe, there's an explanation for it.

Employee 1: What good would that do? That's what they hired him for. Look, they just want to work us to death. Or, maybe catch us slacking off so they can fire us.

Employee 2: Well, maybe you should look for a job somewhere else.

Employee 1: It's the same everywhere you go. I mean these big shots telling you what to do and walking around in their suits. No one cares about us. Besides, what good would it do to complain? I mean, nobody's going do anything about it.

Employee 2: Oh, come on. It can't be that bad. I think that this is a really good place to work. Everyone has been really fair with me.

Employee 1: (chuckling) Look, you've only been here two years. Give it time. Pretty soon you're going to find out what they're really like.

(Employee 2 doesn't speak but is clearly being dragged down by the negativity.)

Employee 1: Well, okay. Look, it's time for lunch.

Employee 2: Hum. I told Mary I would go to lunch with her today. Some other time, okay?

DEALING WITH THE WHINER

Two employees standing by a desk are talking about their supervisor.

Employee 1: So, what do you think of this new guy?

Employee 2: Seems okay to me. I haven't had much to do with him yet.

Employee 1: Well, I hope you don't. He's worse than the last one. You know, I don't know where they find these people. Believe me, I sized him up the minute I saw him. All that phony stuff about getting to know us and being fair. What a crock!

Employee 2: He seemed pretty sincere to me. You're not giving him a chance.

Employee 1: A chance? Hah! He's been on my case every minute. Everywhere I turn, he's watching me. Spying on me with those beady little eyes.

Employee 2: Wow, it must be really upsetting to have to work like that.

Employee 1: It is. But, you know things never change. I mean if it isn't this guy, it will be someone else.

Employee 2: Oh, come on! Why don't you tell me what you would like to see in a boss? Who would be the perfect boss for you?

Employee 1: Well, I don't know. For starters, they wouldn't be watching you all the time.

Employee 2: What else?

Employee 1: Well, I don't know. This is really stupid!

Employee 2: I can tell that this is difficult for you. Look, I need to be honest with you. When you bad mouth our supervisor, it upsets me. It brings me down. I feel that he has been very fair when dealing with me. I'm sorry that you don't share that opinion. I think that you should talk to him about the way you feel, then maybe the two of you could work something out. I hope you take my suggestion. Other than that thought, I can't help you. And, I would appreciate it if you would not bring the subject up again.

Employee 1: Okay, well, it's time for lunch anyway.

Employee 2: Sure, let's go.

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new directions in customer service

the right tool for the job

CALLING FOR CARE THE TELEPHONE IN CUSTOMER SERVICE

TAKING RESPONSIBILITY FOR CONFLICT

DIFFICULT PEOPLE: STRATEGIES FOR SUCCESSFUL SOLUTIONS

RX FOR STRESS MANAGEMENT

TEAMBUILDING

HANDLING CHANGE IN THE HEALTHCARE ENVIRONMENT

WORKING TOGETHER WITH OUR DIFFERENCES

PARTICIPANT PACKET

DIFFICULT PEOPLE: STRATEGIES FOR SUCCESSFUL SOLUTIONS

PARTICIPANT PACKET

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Learning Objectives

Difficult People: Strategies for Successful Solutions

Upon completing this module, participants will be able to:

- **Recognize potential causes of difficult behaviors based on Maslow's Theory of Motivation**
- **Define forces and circumstances that may contribute to difficult behaviors**
- **Identify strategies for dealing with various types of difficult people**
- **Increase decision-making skills to modify personal behavior in difficult situations**
- **Utilize positive responses when interacting with difficult people in the workplace to ensure optimum customer service**

Participant Pre-Program Survey

Today's Date:

Training Topic Title:

Name of Your Affiliate:

Your Job Title:

How long have you worked for The Eddy/Northeast Health?

Directions: Please answer the question below before you take this training:

1. What do you expect to learn or review during this training?

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Who Are My Customers?

It is very easy for people to think that *customer service* deals with handling outside (*external*) customers and, therefore, only applies to staff who have customer contact. This is not the case. The service one person provides another *within* a company, to one degree or another, affects the service that a company is able to provide its external customers. If everyone in an organization treated colleagues as if they were customers (*internal*), the company would not only be totally *customer-oriented*, it would also be more efficient.

The starting point is to encourage all employees to determine who their "customers" are.

Directions: List your **customers** below (both ***internal*** and ***external***).

new directions in customer service

the right tool for the job

Seven Points of Customer Service

1. Remain focused on what the customer wants: Seek to do more than is expected, but promise only what can be delivered.
2. Accept, support, and encourage productive change.
3. Respect the privacy and confidentiality of those with whom we come in contact.
4. Be flexible and timely in our approach.
5. Promote the highest level of participation from others in decision-making.
6. Support the efforts of our co-workers (in our actions, thoughts, and words).
7. Remain sensitive and non-judgmental about differences of values, opinions, backgrounds and situations.

Profile: A Difficult Co-Worker

Directions: In the space below, write a profile describing a difficult co-worker you have encountered in your unit, department, on the floor, or with other members of the healthcare team. **Do not use the person's real name when writing or speaking about him/her.**

Handling a Difficult Co-Worker

Directions: In the space below, write down how you handled the difficult co-worker that you profiled. Consider the following questions:

- Did you or someone else confront the co-worker? If so, how?
- What strategies or techniques did you or someone else use in the situation?
- What was the outcome of the situation?
- Did you ignore the situation?
- If you ignored it, did it go away?

Difficult Co-Workers: A Negative Role Play

Directions: Create a role play that illustrates a negative situation involving a difficult co-worker. You can use the co-worker you previously profiled or select another. Choose one person in your group to explain to the observers the *Who*, *What*, *When*, *Where*, and *Why* of the situation about to be role played. **Do not use real names**. The question of *How* the situation was handled should come out in the role-play.

Negative Role Play Observations

Directions: Fill in the following questions as you observe the role play of a negative situation. Be prepared to discuss in the large group.

1. Did the group leader clearly set up the scenario including the *Who*, *What*, *When*, *Where*, and *Why* of the role play?

2. Write down a minimum of two negative nonverbals that you observed:

   a.

   b.

3. Did any party send the wrong message?

4. Were the *right* words used by all involved in the interaction?

5. Did the tone of voice or pitch contribute to escalating or de-escalating the situation?

6. Can you identify two specific poor strategies used in handling the situation?

7. Identify two positive techniques used that helped the situation.

8. Was the outcome of the situation successful?

9. Was there a *winner* or *loser* in the role play?

10. Write down anything else you observed that was significant:

Positive Role Play Observations

Directions: Fill in the following questions as you observe the role play. Be prepared to discuss in the large group.

1. What changed in the role play?

2. Write down a minimum of two positive nonverbal cues that you observed:

   a.

   b.

3. What made the verbal message better or more clear?

4. Were different words and/or approaches used that were more *positive*? What were they?

5. Was there a change in the voice tone or pitch? Why did it prove positive? Write down specifics.

6. Identify at least two strategies that were used to produce a successful solution.

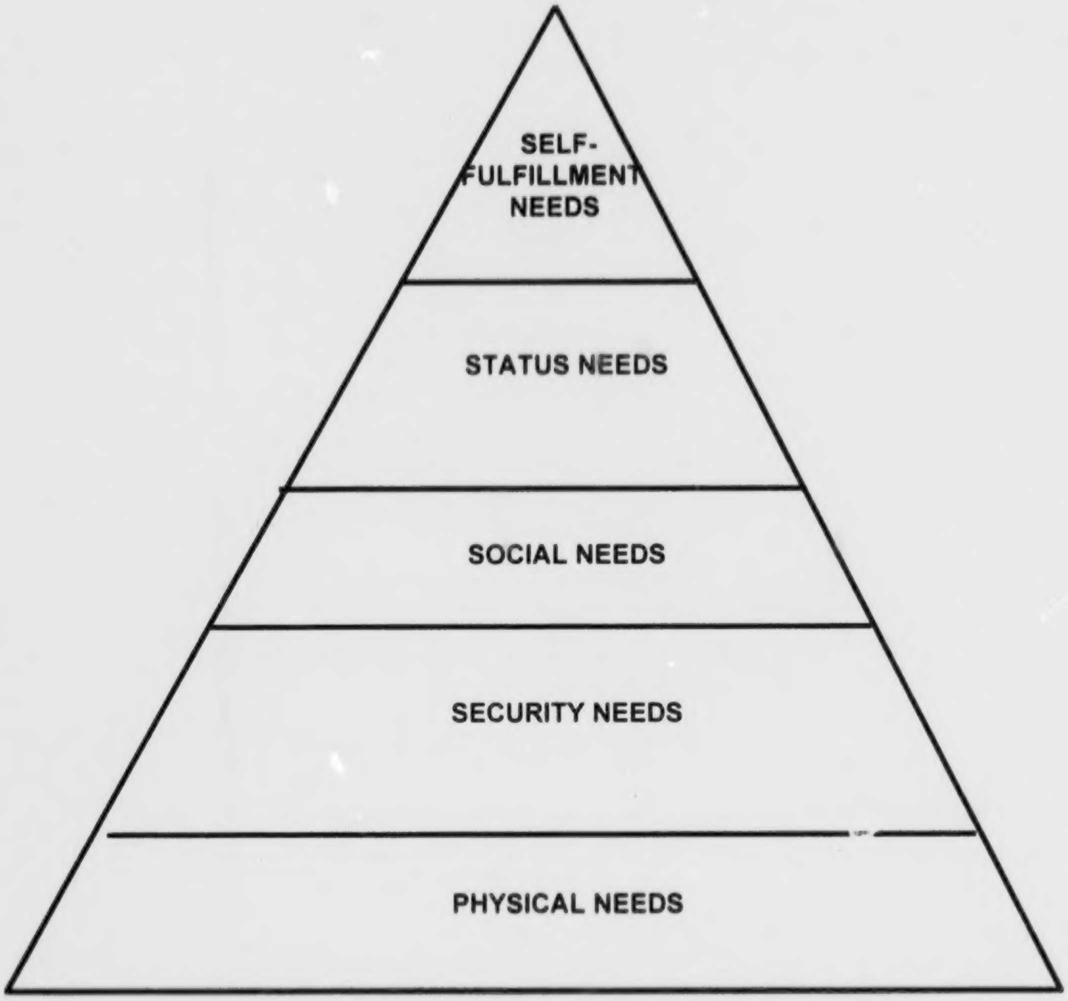
7. Write down anything else you observed that was significant.

Recognizing Behavioral Needs

Basic human needs have been ranked in priority order by a psychologist, Abraham Maslow, author of *Motivation and Personality*. Maslow's Theory is often referred to as a *Needs Hierarchy*.

Directions: Add as many examples to each section as you can, starting at the bottom with the most basic, *PHYSICAL NEEDS*.

MASLOW'S *HIERARCHY OF NEEDS*


SELF-FULFILLMENT NEEDS
STATUS NEEDS
SOCIAL NEEDS
SECURITY NEEDS
PHYSICAL NEEDS

Maslow, Abraham, Motivation & Personality, New York : Harper & Row, 1954

Behavioral Styles

Directions: Match the statements below with the appropriate behavior style:

A = Assertive **B = Aggressive** **C = Passive**

____ 1. "Well, I guess it doesn't really matter who winds up correcting that mistake."

____ 2. "Can't you ever get these schedules right?"

____ 3. "I can't do that right now, I've got more than enough work!"

____ 4. "Sure, I'd be happy to help you with that when I complete my work."

____ 5. "It's your fault these charts are all messed up!"

____ 6. "I hate to ask you, but . . ."

Directions: Add statements below that represent the *assertive* behavior style.

Characteristics of Behaviors

Directions: List the main characteristics and examples of the following behavior styles. Remember to include any *nonverbal* behavior that may characterize a specific style.

ASSERTIVE	***AGGRESSIVE***	***PASSIVE***

Attitude: A Self-Assessment

The ability to act *assertively* has a lot to do with *attitude*. Recognizing how you feel about yourself is the first step. Over the years, you may have developed attitudes that *inhibit* your ability to act *assertively*.

Directions: Place a ✓ next to those statements *you* can identify with.

1. _____ Children should be seen and not heard.
2. _____ It's better to put up with things than to rock the boat.
3. _____ Women who assert themselves are being aggressive.
4. _____ I'd rather let somebody else be the leader. I'm a good follower.
5. _____ If I ask for what I want, people will think I'm selfish.
6. _____ Never be a risk taker.
7. _____ If you keep speaking up, you'll be labeled a troublemaker.
8. _____ What other people think is more important than what I think.
9. _____ It's not polite to talk back to people.
10. _____ Don't question authority.

Directions: What impact does attitude have on the way you conduct yourself in the hospital, residential, or home care setting? List some personal examples below.

Participant Post-Program Survey

Today's Date:

Training Topic Title:

Name of Your Affiliate:

Your Job Title:

How long have you worked for The Eddy/Northeast Health?

Directions: After you have completed this training session, please take a few minutes to write brief answers to the questions below:

1. What are a few of the most important things that you learned from this session?

2. Would you recommend this training to a co-worker? Why, or why not?

3. How do you plan to use what you've learned?

4. If you could change one thing about this training session, what would you change?

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new directions in customer service

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RX FOR STRESS MANAGEMENT

TEAMBUILDING

HANDLING CHANGE IN THE HEALTHCARE ENVIRONMENT

WORKING TOGETHER WITH OUR DIFFERENCES

TRAINING PROCESS GUIDE

RX FOR STRESS MANAGEMENT

TRAINING PROCESS GUIDE

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Trainer Preparation

- Familiarize yourself with the *Rationale and Goal* for this module on the following page.
- Prepare newsprint with *Learning Objectives* (optional - see *Introduction*).
- Prepare newsprint with *Five Progressive Stages of Burnout* (see page 11 in *Participant Packet*).
- Familiarize yourself with the videotape for this module, *Stress Management* (38:57), or review the transcripts of the video on pages 14-18 of this *Training Process Guide*.
- Gather and prepare *Trainer* and *Participant* materials listed below.

Materials:

The trainer is responsible for knowing how many participants will be in attendance prior to training so that s/he can reproduce and supply the correct amount of participant materials listed below.

Trainer
Newsprint and Flipchart Stand
Markers and Masking Tape
Registration Forms
Video monitor, VCR, and
Stress Management videotape

Participants
Participant Packets
Pencils, Pens
Company Magnets for *Post Me* pages (optional)

Classroom Setting:

- The room should be large enough to allow participants to move into pairs and small groups.
- Table space should be available for groups to write on large newsprint pages.
- Walls should accommodate flip chart pages being taped around the room.
- Tables and chairs should be movable to allow for different configurations.

Training Time: 3 Hours

Rx for Stress Management

Rationale and Goal

To do their best work and function as an efficient care team, employees in healthcare need skills to handle their personal stress and stress related factors in the workplace. Most people in the helping professions experience high levels of stress in the workplace. High stress levels impact on customer service by contributing to low productivity, inefficient work processes, interpersonal problems, and high rates of absenteeism. The key to dealing with stress is to understand that individuals control their own responses. Once people understand that they are in control, strategies may be developed to adapt, minimize, or eliminate those factors which cause stress and burnout. It is the goal of this module to define and analyze job stress and to promote skill development in managing this stress in the healthcare workplace.

Learning Objectives

Upon completing this module, participants will be able to:

- Define *stress* and *stressors*
- Identify personal sources of stress in their daily work environment
- Identify personal behaviors that occur in stressful situations in the workplace
- Recognize physical manifestations of stress
- Use simple relaxation techniques to control emotional reactions
- Apply stress reduction techniques to reduce on-the-job stress
- Create a one-week *Stress Journal,* identifying patterns of stress
- Develop a *Personal Contract/Action Plan* to implement three lifestyle changes based on the *Stress Journal*

Competencies

- Developing self-directed learning
- Recognizing the role stress plays in "non-productive" behaviors
- Formulating strategies to reduce workplace stress
- Applying basic logic to analyze stressful workplace situations
- Coping with and reducing stress

Introduction

FOCUS: **To allow participants to introduce themselves and to provide a general overview of the *Rationale* and *Learning Objectives* of the module.**

TIME: **15 Minutes**

TRAINING PROCESS:

1. **Welcome** the participants and introduce yourself as the trainer.

2. **Distribute** the attendance roster, and any other required forms.

3. **Conduct** a brief go-round asking people to introduce themselves and identify their departments and how long they've worked for Northeast Health.

4. **Review** the *Rationale* of the module by either reading it aloud or by summarizing: *"People who work in healthcare usually work with people who are in distress. This can create an environment with high levels of stress which can create problems for employees. As healthcare professionals, it is essential that you learn to recognize, understand, and control your own stress in order to deliver quality care to residents, their families, and all Northeast Health customers."*

5. **Present** an overview of the module's *Learning Objectives*. There are two options for facilitation:

Option I:

a) **Show** *Learning Objectives* on pre-printed newsprint, or

b) **Refer** participants to the *Learning Objectives* on page 1 of their *Participant Packets* and either review as a group or read silently and discuss.

Option II:

[*TRAINER NOTE*: Option II offers a richer larger group interaction, but takes more time and requires that the trainer be comfortable assimilating unexpected participant responses into the flow of the training.]

a) **Present** a general overview of the *Rationale* of the module.

b) **Distribute** newsprint and markers to participants individually or in small groups depending on size.

c) **Direct** participants to write their individual expectations for the training session based on the *Rationale* of the module.

d) **Post** newsprint sheets around the room.

[*TRAINER NOTE*: If space does not allow, ask participants to verbalize while you write responses on newsprint and post.]

e) **Show** *Learning Objectives* on a pre-printed newsprint and compare to posted participant lists.

[*TRAINER NOTE*: Try to prepare for expectations and/or objectives that are not listed on your prepared newsprint. Trainee suggestions need to be addressed in some manner once they are vocalized.]

6. **Ask** participants to complete page 2 in their packets, *Participant Pre-Program Survey*. Have the group tear out this assessment and hand in to the trainer. Tell the group that they will complete and hand in another assessment of the training at the end of the module.

[*TRAINER NOTE*: This is an individual activity that does not need to be shared, but, if appropriate, the trainer may ask for volunteers to share responses with the larger group.]

Customer Service

FOCUS: To introduce the *Seven Points of Customer Service* initiative and the purpose of the *New Directions in Customer Service* training approach.

TIME: **10 Minutes**

TRAINING PROCESS:

1. **Direct** participants to page 3 of their *Participant Packet, Who are my Customers?* Emphasize the importance of treating colleagues, or *internal customers*, just as well as the external customer. Ask participants to identify all customers of Northeast Health at the bottom of page 3. Lead a discussion asking participants to identify all *customers* of Northeast Health.

2. **Refer** participants to the *Seven Points of Customer Service* on page 4 of their packets. Ask participants which of the seven points might be addressed in this module.

3. **Ask**, "How does stress relate to customer service?"

   ex., "If the internal customers are experiencing high stress levels, the external customer may be negatively affected. Negative perceptions may result in loss of business."

[*TRAINER NOTE*: You may want to write responses on newsprint and post around room.]

NOTES:

Identifying Stressors

FOCUS: To assist participants in identifying stressors, personal responses, and defense mechanisms.

TIME: **15 Minutes**

TRAINING PROCESS:

1. **Refer** participants to page 5, *Are You Stressed Today?*

2. **Ask** participants to fill in boxes *A & B* on page 5. Have participants raise their hands if they are stressed today. Discuss briefly.

3. **Use** *Participant Packet* pages 6, *Stress: A Discussion,* to deliver general information on stress. Emphasize the following:

    a. Healthcare is a helping profession. People in helping professions are more prone to stress.
    b. *Stress* is a "non-specific response" to stimuli.
    c. *Stressors* are stimuli.
    d. You control your response.
    e. Differentiate between *positive* and *negative* stress. Both provoke response.

4. **Explain** the term, *defense mechanism.* "Defense mechanisms serve the body as protective blockers that respond to perceived threats." Refer to *Participant Packet* page 7 and review. Ask participants to identify themselves as either a *Fighter* or a *Flighter* or both after completing page 7.

5. **Pair** trainees and give them newsprint. Ask them to write down the behaviors or actions they use when under stress.

6. **Post** responses around the room. Ask the group to categorize the behaviors on newsprint under either *Fight* or *Flight.*

7. **Ask** participants which behavior they use most often. Explore the questions below:

    a) What happens if two *Fighters* are together? ***Ans:*** *Situation escalates, nothing is resolved*
    b) What happens if two *Flighters are* together? ***Ans:*** *Both isolate, nothing is resolved*
    c) What is the ideal balance? **Ans:** *No extremes; Fighters try to be less aggressive and Flighters try to be more assertive, depending on the situation, so it can be resolved.*

Burnout

FOCUS: To assist participants in recognizing their own stress levels.

TIME: 20 Minutes

TRAINING PROCESS:

1. **Ask** trainees to complete the self-assessment, *Are You Burned Out?* on *Participant Packet*, pages 8 and 9. There is no score for this self-assessment, trainees can simply view. Too many checks indicate burnout. At least ten to fifteen check marks indicate a need for help. Over fifteen signals, "*burnout!*"
2. **Process** group scores. Analyze group patterns to help define stress levels of participants.
3. **Break** trainees into groups. Give newsprint and markers. Ask each group to reach a common definition of *burnout* and write it on the newsprint. Post definitions.
4. **Lead** the group to reach a definition similar to the one illustrated on page 10 of their packets.

> ***Definition***: *Burnout is a progressive loss of idealism, energy, and purpose experienced especially by people in the helping professions, as a result of the conditions of work.*

NOTES:

Stages Of Burnout

FOCUS: **To assist participants in recognizing the *Five Progressive Stages of Burnout*, and the impact of *burnout* on the human body.**

TIME: **20 Minutes**

TRAINING PROCESS:

1. **Show** the pre-printed newsprint to illustrate the *Five Progressive Stages of Burnout* - Enthusiasm, Stagnation, Frustration, Apathy, and Hopelessness.

2. **Refer** trainees to page 11 of their *Participant Packet*. Ask trainees what stage they are in at this point. Draw responses from trainees by asking questions such as: "What was your best stage? How long have you remained in any one stage? Are there certain stages that you experience more than others? If you are in a non-productive stage, what are you doing or what will you do about the situation?"

   [*TRAINER NOTE*: If trainees do not respond to where they are now in the workplace, it may be that: (1) There are co-workers in the group they don't trust with the information. (2) There may be department/unit supervisors in class. If you suspect either as reasons, drop the work-related stage and speak generally.]

3. **Refer** the group back to the paragraph, *Stress and the Human Body*, on page 7 of their packets. Discuss and elicit input for physical, emotional, and behavioral symptoms.

   [*TRAINER NOTE*: Refer to symptoms listed on page 7 of *Participant Packet* for your guideline to lead the discussion.]

NOTES:

Strategies To Combat Burnout

FOCUS: **To assist participants in recognizing that stress is manageable and that individuals are in charge of their own responses.**

TIME: **15 Minutes**

TRAINING PROCESS:

1. **Write** the word *Intervention* on newsprint. Ask what the word means, and arrive at a common definition.
2. **Write** the common definition on newsprint.
3. **Elicit** responses for both personal and work-related interventions and record them on newsprint. Make certain to separate the two.
4. **Direct** group to *Participant* Packet, page 12, and review for other intervention strategies.

NOTES:

Burnout: Handling Work Stress

FOCUS: **To help participants recognize that there are specific stress reduction techniques that can be applied in the healthcare environment.**

TIME: **20 Minutes**

TRAINING PROCESS:

1. **Give** participants time to complete page 13 in their packets, *How Do You Manage Stress at Work?*, on their own.
2. **Process** questions #1, #2, and #4 as a large group. Pair the people who have the same or similar workplace *stressors*.
3. **Ask** the pairs to create a role play of the situation that is most stressful in their work environment. Refer to #3.
4. **Tell** them to develop strategies for handling the stress identified, and to recreate the role play applying other strategies. Refer to #5.
5. **Allow the** group to comment on situations and strategies. Ask if there are other possible strategies. Expand on #5.

   [*TRAINER NOTE*: Modify this activity by numbers in group and time factors, if necessary.]

6. **Refer** group to the *Intervention Strategies* that have already been discussed. Do any apply to the role play? Refer participants back to page 12 of their packets if necessary.

NOTES:

Controlling Your Stress

FOCUS: **To explore relaxation and self management techniques for controlling stress.**

TIME: **5 Minutes**

TRAINING PROCESS:

1. **Practice** the deep breathing exercise described on page 14 of the *Participant Packet* with the group. Apply a modified version for this session by using only steps #3 through #6. Explain to the group that the complete exercise may be used at home and kept as a resource. Remind participants to tear out and post the sheet where they will review it often.

2. **Review** page 15 of the *Participant Packet, Ten Ideas for Self-Management.* Pay particular attention to #9 which is the technique of *positive self-talk.* If there is only time for a quick summary of page 15, emphasize the following:

   a) Write five important things to do each day.
   b) Prioritize the five.
   c) Try doing unpleasant tasks first.
   d) Keep in good physical condition.
   e) Work on self-improvement.

[*TRAINER NOTE*: If time does not allow, tell participants to tear out and refer to the POST ME sheet as a resource for home or work. Distribute company magnets for posting (optional).]

NOTES:

Video Overview

FOCUS: **To be led by a Physical Therapist through specific exercises and relaxation techniques to help reduce stress levels.**

TIME: **45 Minutes - including the (38:57) videotape *Stress Management***

TRAINING PROCESS:

1. **Present** a brief overview of the videotape. A transcript of the video is included on pages 14-18 of this *Training Process Guide*. Tell participants that they will be led by a Physical Therapist through exercises in *stretching*, *body alignment*, and *relaxation* to reduce their stress levels. Emphasize that many of these techniques are quick and can be applied at work.

[*TRAINER NOTE*: This videotape may be viewed actively or passively. It is highly recommended that both the participants and the trainer actively participate in the stretching exercises, and the relaxation technique. The trainer has the option to have participants view selected segments when time is an issue.]

NOTES:

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Summary and Closure

FOCUS: **To review the self-management technique of keeping a *Stress Journal* and implementing a *Personal Contract/Action Plan* after review of key learning points and objectives of the module.**

TIME: 15 Minutes

TRAINING PROCESS:

1. **Review** the *Learning Objectives* of the module by either referring to pre-printed newsprint sheets or page 1 of the *Participant Packets*. Ask the group if they feel all objectives have been met for the module. Summarize key learning points.

2. **Refer** participants to the attachments at the end of their packets; a six-page (one-week) *Stress Journal* and a one-page *Personal Contract/Action Plan*. **Explain** the practice of keeping a *Stress Journal* to recognize and manage stress. Participants should practice keeping the journal for one week and review for specific patterns, times, situations and people that are associated with stress. Allow time for participants to review the sample journal and ask questions.

3. **Ask** participants to review the final attachment in their packets; a one-page *Personal Contract/Action Plan* which they will develop after analyzing patterns from their *Stress Journal*. Explain that to implement this plan is to control their own stress levels by identifying necessary changes and/or applying appropriate intervention and relaxation techniques.

4. **Ask** participants to complete page 16 of their packets, *Participant Post-Program Survey*. Have participants tear this assessment out and hand in to the trainer.

5. **Thank** all for participating and conclude the session.

RX FOR STRESS MANAGEMENT

VIDEO SCRIPT

(video is approximately 40 minutes in length)

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TAPE INTRODUCTION

My name is Paula Mastriani. I have been a Physical Therapist at Samaritan Hospital, Troy, New York for thirteen years. I'm going to lead you through some specific exercises and relaxation techniques to help reduce your stress level.

STRETCHING EXERCISES

We'll begin with **stretching exercises**. These exercises will be helpful for the lifting and moving that your workday requires. People lose flexibility as they age. It's important to do stretching exercises to "limber up" for the work and personal day ahead. Ready? Let's begin. Put your right hand behind your head. Bend your neck to the side as far as you can without creating tension in your neck muscles. Do not attempt to hold your breath. Hold stretches for fifteen to twenty seconds. Repeat twice and reverse position.

Next we'll try some **shoulder rolls**. Roll your shoulders back, nice and easy, a few times, and then roll them forward.

To relax the **mid-back area**, we'll clasp our hands together. Now reach forward as far as you can. You should feel a gentle tug in the mid-back region. Pull your clasped hands back towards your body. Do this in and out movement a few times.

To relax the **deltoid muscle**, bend your elbow. Put your arm across your body touching the opposite shoulder. Use the opposite hand to push your elbow as far as possible. Do this twice and reverse positions.

Your **tricep muscle** is in back of your arm. Put your arm up, reach back and gently pull down with your other arm. Put your other arm behind your waist, and see if you can touch. Success with this exercise indicates good stretching flexibility.

To relax the **trunk area**, keep both feet flat on the floor. Take one arm and reach down towards the floor as far as you can. Bring the arm back and do the same stretch with your other arm.

To stretch your **back**, place hands on your hips. Gently bend back as far as you can. This exercise is good preparation for bending, lifting, and sitting too long.

To stretch the **thigh and calf muscles**, let's try this exercise. Bring one leg up towards the buttocks as far as you can by holding the foot. When ready, release, and bring foot forward and down. Reverse position. If this position proves too difficult, use a "lunge position" to stretch. This is also good for your calf muscle. Bend forward with your knee and back. Repeat twice for each leg. With one hand, holding your foot, raise your knee towards your buttocks as far as you can. Release and drop leg. Reverse exercise.

BODY ALIGNMENT

Body Alignment is important to consider when discussing stress. Each job brings some unique stress to the body. In nursing, it is lifting and bending. In secretarial work, it's long periods of sitting. The spinal column is made up of discs that provide cushioning from the vertebrae. Inside the discs is a jelly-like substance. The spinal column also has vertebrae (bony aspects) and nerves. The spine depends on the arrangement of all of these including ligaments for stability.

The perfect alignment occurs when all are *in sync.* To be *in sync,* the lumbar region is curved or *concave*, the thoracic region is curved out or *convex*, and the cervical region (neck) is curved in its strongest, most stable position. A good example of being *out of sync or alignment* is when someone sits in a chair in a slumped position. The body is out of alignment and this puts stress on the back. The alignment is *off balance*.

For a demonstration of this effect, ask a participant to simply extend his/her arms forward. Tell them **not** to let you pull their arms down. If you do this swiftly, you will most likely be able to bring their extended arms down, at least to a degree. This will happen because a participant won't be in a normal alignment curve. This produces an *off balance* effect. Sufficient warning will cause a person to assume the correct position of the balanced alignment.

QUICK TRUE/FALSE QUIZ:

1. When lifting heavy objects, it's best to keep the load away from the body, to decrease stress on your back.

   False: Hold the load as close as you can to the body. The feet should be in a stance wide apart. To keep feet closer together establishes a narrow base. A forty pound load held away from the body can feel like four hundred pounds.

2. During lifting, it is important to keep the back in a *bowed in natural body curve*. You should also lift with your legs.

   True: You need to lift with your leg muscles. Many people lift with their back muscles, and this contributes to fatigued and overstretched back muscles.

3. You should hold your head up and look forward when lifting. Also, you should throw your chest out to maintain a good lower back position.

   True: If you keep this position, your back is *in sync* and forms a natural alignment.

4. Twisting or bending to the side while lifting does not put pressure on the lower back.

   False: These are positions that people often use when lifting. Twisting and bending motions increase pressure on the back. Do not use bending over and "stooped" positions to lift.

5. It is important to test all weights before lifting, and to get help if you feel the weight is too heavy for you.

   True: It is important to test weight briefly to see if you need assistance.

6. Disc injuries occur when forceful, repetitive pressure pushes the soft center inside the disc in the spine, through the outside wall of the disc.

   True: Shoveling is a good example of this type of pressure that may cause injury.

7. By bending backward briefly, you can relieve pressure to the spine muscles and discs.

   True: A great preventative example is to place hands on the hips, and bend backward at the waist, then forward.

8. Research shows that people who exercise regularly and who do not smoke have less chance of injuring their back.

   True: People who exercise regularly are generally more fit, and their muscles are used to stretching. Smokers experience decreased circulation to their muscles. This weakens muscles and increases the chance of injury.

RELAXATION EXERCISE

- Do a deep breathing exercise. Inhale and fill lungs-- hold for three seconds-- exhale.
- Sink yourself into a chair.
- Do some deep breathing. Feel yourself sinking deeper into the chair, as you exhale.
- Close your eyes and block any tense spots.
- Feel the pressure in your back, arms, head, legs, and hip.
- Feel your feet supported.
- Feel your hair against your face and the watch on your arm.
- Close out all external noises.
- Now, tense and relax each muscle.
- Raise your eyebrows up and then down.

- Close your eyes tight and relax. Pretend that your eyelids are soft blankets.
- Tense your shoulders and raise them up towards your ears. Now, *relax*.
- Make a fist of your hand. Now, release.
- Extend your fingers as long as you can. Let your hands hang loose by your side and *relax*.
- Bite down with your jaw, enough to feel some tension. Now, let your jaw sag. Open your lips.
- Now, think of your face as nice and calm.
- Press the small of your back into the chair. Now, *relax*.
- Take a deep breath. Fill your lungs. Now, breathe out. Breathe in, and breathe out. Do this *nice and easy*, and feel the *relaxation*.
- *Relax* your face, shoulder, upper arms, lower arms, hands, lower back, and hip.
- Check out your body. Are there any places that feel tense? If so, go back and tighten the muscle and release.
- Feel the flow of *relaxation*. Go back again through each part of your body. *Relax* everything, even your toes. Breathe "in" and "out," "in" and "out."
- There, all tension is gone. Thoughts drift in and drift out-- drift in and drift out . . .
- Be calm. Focus on your breathing. Good!
- Gradually begin to wake your body up. Count backwards, 5-4-3-2-1.
- You are coming to full alertness.
- Open your eyes. Feel alert, "*relaxed and calm*."

END

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PARTICIPANT PACKET

RX FOR STRESS MANAGEMENT

PARTICIPANT PACKET

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Attachments:

Stress Journal .... *(3 pages)*
Personal Contract/Action Plan .... *(1 page)*

Learning Objectives

Rx for Stress Management

Upon completing this module, participants will be able to

- **Define *stress* and *stressors***
- **Identify personal sources of stress in their daily work environment**
- **Identify personal behaviors that occur in stressful situations in the workplace**
- **Recognize physical manifestations of stress**
- **Use simple relaxation techniques to control emotional reactions**
- **Apply stress reduction techniques to reduce on-the-job stress**
- **Complete a one-week *Stress Journal*, identifying patterns of stress**
- **Develop a *Personal Contract/Action Plan* to implement three lifestyle changes based on the *Stress Journal***

Participant Pre-Program Survey

Today's Date:

Training Topic Title:

Name of Your Affiliate:

Your Job Title:

How long have you worked for The Eddy/Northeast Health?

Directions: Please answer the question below before you take this training.

1. What do you expect to learn or review during this training?

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Who Are My Customers?

It is very easy for people to think that *customer service* deals with handling outside (*external*) customers and, therefore, only applies to staff who have customer contact. This is not the case. The service one person provides another *within* a company, to one degree or another, affects the service that a company is able to provide its external customers. If everyone in an organization treated colleagues as if they were customers (*internal*), the company would not only be totally *customer-oriented*, it would also be more efficient.

The starting point is to encourage all employees to determine who their "customers" are.

Directions: List your **customers** below (both ***internal*** and ***external***).

new directions in customer service

the right tool for the job

Seven Points of Customer Service

1. Remain focused on what the customer wants: Seek to do more than is expected, but promise only what can be delivered.
2. Accept, support, and encourage productive change.
3. Respect the privacy and confidentiality of those with whom we come in contact.
4. Be flexible and timely in our approach.
5. Promote the highest level of participation from others in decision-making.
6. Support the efforts of our co-workers (in our actions, thoughts, and words).
7. Remain sensitive and non-judgmental about differences of values, opinions, backgrounds and situations.

Are You Stressed Today?

Directions: In box A, describe selected events that demanded your attention and energy this morning before you arrived at work. Begin with your waking and morning routine.

A

Directions: In box B, describe selected situations that have happened to you today that caused you to feel anxious or aggravated. Consider the events from your arrival at work to the time that you opened your *Participant Packet*.

B

Directions: Review both boxes. Put a plus (+) or minus (-) sign by those occurrences you are defining as positive or negative. Compare the percentage of positive and negatives. Ask yourself, *"Am I stressed today?"*

Place a check ✓ on the appropriate line:

______ Yes
______ No
______ Somewhat

Stress: A Discussion

There are various definitions of stress. However, when we think of personal or job-related stress, we define it as a *physical*, *chemical*, or *emotional* factor that causes bodily or mental tension. These factors may serve as a catalyst for disease.

Stress may be defined as a *"non specific"* response of the body to any demand made on it. Stress is triggered by an event or the expectation of future discomfort. This perception alerts an individual's mind, body, or emotions to take guard or action.

We usually associate stress with something negative, however, stress can be positive, too.

> ***Positive Stress*** can result from a job promotion, a marriage, a baby, or hitting the lottery for several million dollars. These are events that we believe will add greater happiness to our lives.
>
> ***Negative Stress*** can result from conflict, confrontation, getting fired, divorce, high workload, or change.

Stressors are the events that cause stress in our lives. They, too, may be positive and negative. The body does not distinguish between them. Our response may also be both positive and negative.

Positive responses are those which enhance self-esteem and lessen stress. Positive responses include:

- taking responsibility for one's stress
- refusing to blame others for our situations

***Positive Stressors** may include:*

+ Planning a vacation
+ Planning a wedding
+ Starting a relationship
+ Purchasing a new house

Negative responses are those that do not enhance self-esteem, and may result in increased stress. Negative responses may include:

- destructive behavior
- aggression

***Negative Stressors** may include:*

- The death of a family member
- Confrontation with a co-worker
- Trouble with your boss
- Personal injury or illness

Stress: A Discussion (continued)

People react in different ways to stress. Individuals should experiment with a variety of techniques to handle stress. However, some techniques may not be appropriate for all persons, and relying on one technique or response for all situations will be inadequate.

In theory, it does not matter how many stressors a person experiences, but how s/he *responds* or controls those stressors. The response or controls are skill techniques that help manage, reduce, or eliminate stress.

Flight or Fight Responses

The body reacts to stress by calling on its ***defense mechanisms***.. These mechanisms rise to combat what the body perceives as a threat. The body responds to stress in two ways: *flight or fight*. These responses involve either confrontation or withdrawal, and may be emotional or physical responses.

Are you a ***Flighter*** or a ***Fighter***? (Circle one.)

List below your most common *flight* or *fight* responses:
(ex., Fighters may scream or kick something, while Flighters may cry or isolate themselves.)

Stress and the Human Body

Researchers have concluded that stress may be a factor in *physical*, *emotional*, and *behavioral* problems. Do you experience any problems listed below on a regular basis?

Physical Signs	**Emotional**	**Behavioral**
Backaches	Mood Swings	Eating Disorder
Ulcers	Negativity	Substance Use/Abuse
Heart Disease	Depression	Decreased Productivity
Headaches	Low Self-Esteem	Increased Tardiness/Absenteeism
Neck Pains		

Are You Burned Out?

Take a moment to reflect on your daily activities. For the following questions, please put a check mark next to the sentences that most accurately describe you.

____ 1. I once felt full of energy and enthusiasm about my job, but now I feel almost the reverse.

____ 2. I once had goals and expectations about my job that now have vanished.

____ 3. I usually feel tired upon waking in the morning.

____ 4. I sometimes feel exhausted after a day of little physical activity.

____ 5. I feel anxious about aspects of my work.

____ 6. My anxiety becomes stressful.

____ 7. I experience fear in some aspects of my job.

____ 8. I regularly feel like staying home from work.

____ 9. I feel I don't care about my job any longer.

____ 10. My job seems boring.

____ 11. I am frustrated a great deal by my job.

____ 12. I have a negative approach to my job.

____ 13. I feel overburdened by my work.

____ 14. I feel people at work are being unfair to me.

____ 15. It seems like I work harder and harder, longer and longer, and accomplish less and less at work now.

Are You Burned Out? (continued)

____ 16. I become angry more quickly now than at anytime in the past.

____ 17. My thinking has become very inflexible.

____ 18. I feel resigned to the situation.

____ 19. I feel I am the only one who can't cope with the situation.

____ 20. I have lost confidence in my ability to handle my job duties.

____ 21. I find myself covering up my activities.

____ 22. I find I am not able to give family members my full attention.

____ 23. I seem to have more headaches now than at any time in the past.

____ 24. I've recently had stomach or digestive problems.

____ 25. I tend to eat when I am not hungry.

If you placed a check mark next to more than five statements, then you may be approaching burnout. It's time to stop and analyze your physical and emotional behaviors. At least ten to fifteen check marks indicate a need for help. Over fifteen indicates burnout!

Recognizing Burnout

Definition: Burnout is a progressive loss of idealism, energy, and purpose, experienced especially by people in the helping professions, as a result of the conditions of work.

How might one develop burnout? There are rarely one or two stressors that are apt to cause burnout; rather it is a *combination*. Some of these follow:

Personality Variables:

- overidentification with client, resident, or patient problems
- inadequate or unrealistic boundaries between personal and work life
- inaccurate perceptions
- outdated beliefs
- unrealistic expectations and goals
- resistance to change

Personal Issues:

- one or more crisis/trauma
- life/developmental stage
- state of health
- family/personal responsibilities in one's life
- past history of success and failures

Job-Related Factors:

- type of client population
- type of responsibilities
- lack of adequate skills and training
- understaffing or overworking
- lack of supportive staff or supervisor
- physical work environment

Five Progressive Stages of Burnout

1. **ENTHUSIASM**
    - high hopes, energy, and expectations

2. **STAGNATION**
    - loss of momentum, confusion, bewilderment

3. **FRUSTRATION**
    - awareness that expectations and needs are not being met
    - feelings of inadequacy in work
    - questioning the effectiveness of helping patients, residents, or clients

4. **APATHY**
    - emotional detachment
    - lack of interest in pursuing initial goals

5. **HOPELESSNESS**
    - strong feelings that a desired event or goal is unattainable
    - guarding oneself from others' help

Strategies to Combat Burnout

PERSONAL INTERVENTIONS:

Keep a sense of humor

- Physical needs must be considered a priority when formulating strategies to combat stress. This is a time to get a medical check-up, balance your diet, begin or increase exercise, find relaxation techniques that work for you, and rest.
- Food and beverage often introduce physiological factors that contribute to increased stress levels. Cut down or eliminate alcohol, caffeine, nicotine, and sugar.
- Look to your support systems such as family and friends to help you through stressful times. Manage your feelings by identifying or labeling what your "intuition" is telling you. Visualize yourself expressing these feelings. Examine the positive and negative consequences of expressing these feelings. Other strategies may include "role play" or acting out the situation in front of a mirror. Write down thoughts in a letter, not to be mailed, but read aloud. These strategies may serve as tension release.
- If the stressors seem extreme, re-think your expectations, goals, priorities, and adjust as needed. Work on changing your attitude and perceptions, if you can't change the situation.

WORK-RELATED INTERVENTIONS:

Keep a Sense of Humor

- Acknowledge that a helping profession is stressful. As a health professional, you are dealing with people in distress. Understanding the boundaries between your life and the lives of your clients, patients, and residents is essential. It helps to continue an ongoing program of education and skill refinement. You need the support of your supervisor and others on the healthcare team-- **seek it!**

Use these strategies, coupled with selected personal interventions, to guide you through difficult periods.

How Do You Manage Stress at Work?

1. Identify and list at least five current *stressors* on your job.

2. Choose the one that is the most stressful at this time.

3. Describe the strategies that you are currently using to deal with this stressor.

4. Now compare your list of stressors with the other participants in your group.

   How many are similar?

5. What other strategies might be applied?

POST ME

Controlling Your Own Stress: Deep Breathing

Deep breathing is a key to *stress management.* It has to be learned. Try practicing the following exercise.

1. **Use** a quiet place where you can be alone.
2. **Sit** with your back straight in a comfortable chair. If possible, be on your back with a small pillow under your head.
3. **Place** one hand over your abdomen.
4. **Shut** your eyes and keep them closed.
5. **Breathe** easily and naturally through your nose. Concentrate on " filling your stomach" with air. Feel your abdomen rise and fall with your hand.
6. **Breathe** evenly without pausing between inhalation and exhalation.
7. **After** a few minutes of stable, even breathing, slowly change the rhythm. Use a 2:1 ratio--twice as long to exhale as to inhale.
8. **Freeing** the mind of distractions can be accomplished by making a "Hmmm" sound each time that you exhale.
9. **Let** yourself go limp. Imagine each breath is carrying away the tightness in your muscles.
10. **Continue** until you feel that ten to fifteen minutes have passed.
11. **Gradually** open your eyes.
12. **Remain** quiet for another minute or two before resuming your activities.

This breathing exercise should be practiced daily until mastered. It can then be used as needed to maintain good breathing. It can lead to efficient, natural breathing, which will help regulate emotional stress. In addition, it may be modified to accommodate any "time out" space that you may find on the floor or at a client's home.

POST ME

Ten Ideas for Self-Management

1. **At the end of the day, write down the five most important things you have to do tomorrow.** After doing this, number them in order of their importance. At the beginning of the next day, start working on the most important thing. Do not be concerned if you do not finish all five things because you will always be working on the most important thing!

2. **Get the most difficult jobs done first.** You will work harder and get more done because you will always have an easier job ahead.

3. **Exercise!** To have a constant flow of energy and a high interest level in your work, good physical condition is important. Just a few minutes a day spent in exercise (walking, jogging, cycling, etc.) can build up, tone and maintain your body.

4. **Spend at least twenty minutes a day in self-improvement.** Want to become an expert or an authority on any subject? Spend at least twenty minutes a day in study. Within six months you will be amazed how vast your storehouse of knowledge has become. Use this program to supplement your goals.

5. **Write down five new ideas every day.** Use your creative imagination. Getting into the habit of using your creative imagination will make you an "idea" person and will add adventure and change to your life.

6. **Plan ahead.** Spend some time each day in looking at your goals, planning next week, or planning next month. Writing down things you want to accomplish helps keep you on target so you can reach your goals.

7. **Review each day to analyze yourself and your accomplishments.** Good planners always get feedback. You may even want to keep a diary of your activity each day to measure progress. Look at patterns to uncover strengths and weaknesses.

8. **Think about your self-image.** Remind yourself several times a day of the picture of the person you want to become. Act as if you are that person. You will find that your goals will be reached; you will transform, not into another person, but the best you with a personality that will attract others.

9. **Use positive self-talk.** Start sentences with *I AM . . . I CAN . . .* I *WILL!* Let these words be the banners of your life.

10. **Invest a part of today in tomorrow.** Make sure you are using some of your time each day to reach your long range objectives. Big goals are reached by breaking them into a number of small parts and doing just a little at a time. You will find you have made enormous gains in your performance and accomplishments at the end of a year if you invest a few minutes in your long-range goals each day.

Participant Post-Program Survey

Today's Date:

Training Topic Title:

Name of Your Affiliate:

Your Job Title:

How long have you worked for The Eddy/Northeast Health?

Directions: After you have completed this training session, please take a few minutes to write brief answers to the questions below:

1. What are a few of the most important things that you learned from this session?

2. Would you recommend this training to a co-worker? Why, or why not?

3. How do you plan to use what you've learned?

4. If you could change one thing about this training session, what would you change?

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RX for Stress Management

Stress Journal

Directions: To begin managing stress, you must first recognize it. Fill in the *Stress Journal* once in the morning, afternoon, and evening (three times a day) for one week. Use the accompanying *Personal Contract/Action Plan*, to plan actions to control your stress.

DATE	**TIME**	**SITUATION** (Where? With Whom? Doing What? At Work? At Home?)	**STRESS LEVEL** (1 - 10) (10 as greatest)	**SIGNS** (Physical/Emotional)	**ACTION(S)** (How did you respond? What did you do?)	**OUTCOMES**

DATE	**TIME**	**SITUATION** (Where? With Whom? Doing What? At Work? At Home?)	**STRESS LEVEL** (1 - 10) (10 as greatest)	**SIGNS** (Physical/Emotional)	**ACTION(S)** (How did you respond? What did you do?)	**OUTCOMES**

DATE	TIME	SITUATION (Where? With Whom? Doing What? At Work? At Home?)	STRESS LEVEL (1 - 10) (10 as greatest)	SIGNS (Physical/Emotional)	ACTION(S) (How did you respond? What did you do?)	OUTCOMES

Personal Contract/Action Plan

I, ________________________________, do hereby contract with myself on this the day of ________________, in the year ___________, to take responsibility for my own stress. I will implement three needed changes, listed below, beginning with the dates assigned.

NEEDED CHANGES:

1.

Date of implementation: ___ / ___ /___

2.

Date of implementation: ___ /___ /___

3.

Date of implementation: ___ / ___ / ___

(Signed) __________________________.

The Eddy
A MEMBER OF NORTHEAST HEALTH

UNIVERSITY
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S • U • N • Y

new directions in customer service

the right tool for the job

CALLING FOR CARE THE TELEPHONE IN CUSTOMER SERVICE

TAKING RESPONSIBILITY FOR CONFLICT

DIFFICULT PEOPLE: STRATEGIES FOR SUCCESSFUL SOLUTIONS

RX FOR STRESS MANAGEMENT

TEAMBUILDING

HANDLING CHANGE IN THE HEALTHCARE ENVIRONMENT

WORKING TOGETHER WITH OUR DIFFERENCES

TRAINING PROCESS GUIDE

TEAMBUILDING:
WORKING EFFECTIVELY IN GROUPS

TRAINING PROCESS GUIDE

Table of Contents

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Trainer Preparation

- Familiarize yourself with the *Rationale and Goal* for this module on the following page.
- Prepare newsprint with *Learning Objectives* (optional - see *Introduction*).
- Gather and prepare *Trainer* and *Participant* materials listed below.

Materials:

The trainer is responsible for knowing how many participants will be in attendance prior to training so that s/he can reproduce and supply the correct amount of participant materials listed below.

Trainer
Newsprint and Flipchart Stand
Markers and Masking Tape
Registration Forms
Northeast Health Compass puzzle (2 for large groups)

Participants
Participant Packets
Pencils, Pens

Classroom Setting:

- The room should be large enough to allow participants to move into pairs and small groups.
- Table space should be available for groups to write on large newsprint pages.
- Walls should accommodate flip chart pages being taped around the room.
- Tables and chairs should be movable to allow for different configurations.

Training Time: 3 Hours

Teambuilding: Working Effectively In Groups

Rationale and Goal

Organizations are relying increasingly on the ability of employees to work together as a group or team. The potential power of a team can have a dramatic effect on productivity and job satisfaction. Teams can enhance problem solving and creativity, generate understanding, acceptance, support, and commitment. In addition, teams can enhance morale and self esteem, and help create consensus and security.

In the healthcare environment, individual employees need to be familiar with the *team process* in order to function successfully as care team members. Not only is it essential for individual employees to work well within their departmental teams, it is also important for them to understand their roles as members of the *organizational team* of Northeast Health. It is the goal of this module to explore teambuilding skills as *value added* to the individual employee, their department, their organization, and most importantly, their customers.

Learning Objectives

Upon completing this module, participants will be able to:

- Specify who their customers are
- Determine what they should be doing to serve their customers better
- Identify the *Seven Points of Customer Service* affected by teambuilding
- Use observation skills to identify and analyze group behaviors
- Identify elements of a successful team
- Identify barriers of working in teams and ways to remove or lessen the effects
- List four benefits of working in a team environment
- Define the objectives for their position and/or department
- Define the common goal of their department, facility, and organization
- Develop two ideas that will enhance and support a team environment in their department and/or facility

Competencies

- Developing observation and analytic skills concerning *team process*
- Analyzing and applying individual team behaviors such as communication and participation
- Building new vocabulary and defining concepts for teams and groups in an organizational context

Introduction

FOCUS: **To allow participants to introduce themselves and to provide a general overview of the *Rationale and Goal* and *Learning Objectives* of the module.**

TIME: **20 Minutes**

TRAINING PROCESS:

1. **Welcome** the participants and introduce yourself as the trainer.

2. **Distribute** the attendance roster, and any other required forms.

3. **Conduct** a brief go-round and ask participants to identify their departments and how long they've been working at Northeast Health.

4. **Review** the *Rationale and Goal* of the module by either reading it aloud or by summarizing: "*Organizations are relying increasingly on the ability of employees to work together as a group or team. The potential power of a team can have a dramatic effect on productivity and job satisfaction. Teams can enhance problem-solving, creativity, and generate understanding, acceptance, support, and commitment.*"

5. **Present** an overview of the module's *Learning Objectives*. There are two options for facilitation.

Option I:

a) **Show** *Learning Objectives* on pre-printed newsprint, or

b) **Refer** participants to the *Learning Objectives* on page 1 of their *Participant Packets* and either review as a group or read silently and discuss.

Option II:

> [*TRAINER NOTE*: Option II offers a richer larger group interaction, but takes more time and requires that the trainer be comfortable assimilating unexpected participant responses into the flow of the training.]

a) **Present** a general overview of the *Rationale and Goal* of the module.

b) **Distribute** newsprint and markers to participants individually or in small groups depending on size.

c) **Direct** participants to write their individual expectations for the training session based on the *Rationale and Goal* of the module.

d) **Post** newsprint sheets around the room.

> [*TRAINER NOTE*: If space does not allow, ask participants to verbalize while you write responses on newsprint and post.]

e) **Show** *Learning Objectives* on a pre-printed newsprint and compare to posted participant lists.

> [*TRAINER NOTE*: Try to prepare for expectations and/or objectives that are not listed on your prepared newsprint. Trainee suggestions need to be addressed in some manner once they are vocalized.]

6. **Ask** participants to complete the *Participant Pre-Program Survey* on page 2 of their packets and tear out and hand in. Tell them they will fill out another survey at the end of the training session.

> [*TRAINER NOTE*: This is an individual activity that does not need to be shared, but, if appropriate, the trainer may ask for volunteers to share responses with the larger group.]

Customer Service

FOCUS: To introduce Northeast Health's *Seven Points of Customer Service* and the *New Directions in Customer Service* training initiative.

TIME: 15 Minutes

TRAINING PROCESS:

1. **Direct** participants to their *Participant Packet*, page 3, "*Who are my Customers?*". Emphasize the importance of treating co-workers, or *internal customers*, just as well as an outside *(external)* customer. Lead a discussion asking participants to identify all *customers* of Northeast Health.

2. **Refer** participants to the *Seven Points of Customer Service* on page 4 of their packets. Ask participants which of the seven points might apply to this *Teambuilding* module.

3. **Ask** "*How can good teamwork contribute to customer service?*"

   Possible answer: "In the healthcare environment, functioning successfully as a care team is essential to good patient, resident, and client care. Problems within the care team can result in poor, ineffective, or potentially harmful quality of care to customers."

[*TRAINER NOTE*: You may want to write responses on newsprint and post around room.]

NOTES:

Observing Team Process

FOCUS: To encourage participants to begin to observe and analyze *team process*.

TIME: 25 Minutes

TRAINING PROCESS:

1. **Place** the mixed-up *Northeast Health Compass Puzzle* on a table where all participants can stand around and manipulate it.

   [*TRAINER NOTE*: It may be necessary to use a second puzzle for larger groups. Any puzzle will accomplish the goal of the module. A customized puzzle depicting the organization's logo was used for this exercise.]

2. **Tell** the group that they need to assemble the puzzle as a team, but **do not tell them what the puzzle is or give any kind of clues or verbal help**. Be sure to stand back from the group and observe all behaviors without speaking or intervening in any way.

   [*TRAINER NOTE*: If there is more than one group, you may want to have a competition to see which group can finish first.]

3. **Lead** a quick discussion about the compass symbol and why Northeast Health may have chosen it to represent their organization. Ask the group how the compass relates to the *New Directions in Customer Service* initiative.

   [*TRAINER NOTE*: All answers are acceptable here. The trainer should emphasize the changing environment of healthcare and the need to always *read* that environment and be ready to change *direction* quickly in order to serve the customer (just like reading a compass). Ask participants what changes (in direction) they've noticed in their work environment in the past ten years.]

4. **Elicit** observations from participants concerning the *team process* they just went through while assembling the puzzle. Ask questions such as:
   - How did you start?
   - Was there a leader in the group?
   - How did they become the leader?
   - Did anyone stand back and give directions or encouragement to others?
   - Who was the "process person"?
   - How was this different from doing the puzzle alone?
   - Who commented on how to approach the problem or how to accomplish the task?

5. **Summarize** the process by telling the group: *"Although most of us have been in various kinds of teams throughout our lives, we seldom take time to systematically observe and analyze how they function. Yet, observation and analysis are the first steps in understanding teams, shaping their dynamics, and ultimately, improving their performance."*

NOTES:

Analyzing Individual Team Behaviors

FOCUS: **To encourage participants to reflect upon and analyze their own and co-workers' individual behaviors observed during the team process and to define the word *TEAM*.**

TIME: **15 Minutes**

TRAINING PROCESS:

1. **Tell** participants to take a few minutes and reflect upon their own individual behaviors during the team process that occurred in the previous activity while assembling the puzzle.

2. **Ask** participants to identify some of their individual behaviors and to offer some possible explanations as to why they may have acted the way they did.

3. **Encourage** all participants to share their reflections with the larger group.

   [*TRAINER NOTE*: Be prepared to share your own observations of group members' individual behaviors during the puzzle activity. Note both verbal and nonverbal behaviors such as acting passive, making encouraging comments, leading or decision-making action, blocking, questioning, etc.]

4. **Record** on newsprint participants' responses in two columns labeled *Individual Team Behaviors* and *Reasons*.

   [*TRAINER NOTE*: Be aware that many individual behaviors that show up in a group environment can have cultural roots, for example-- being quiet, standing back and not interrupting may be considered *appropriate* group behavior for some individuals.]

5. **Write** the word *TEAM* on newsprint and ask the group to come up with a common definition. Record the consensus definition.

   [*TRAINER NOTE*: You may want to break the group into "teams" to come up with the definition.]

6. **Summarize** by emphasizing that every team can be characterized as *a set of individuals who depend on each other to reach certain goals.*

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Identifying Elements of a Successful Team

FOCUS: **To have participants identify elements necessary for a set of individuals to work effectively as a team as well as elements that may hinder the success of a team.**

TIME: **20 Minutes**

TRAINING PROCESS:

1. **Have** participants think about a successful *team experience* they were a part of and reflect upon what elements made the team so effective. Ask participants to complete page 5 in their packets, *Creating a Team Environment*, on their own.

   [*TRAINER NOTE*: The team identified in this exercise can be a team that a participant is on presently. Participants will come up with a range of "team" examples-- from sports teams to a family unit-- all are acceptable for this exercise.]

2. **Ask** participants to share their individual experiences with the larger group. As participants share, ask questions such as:

   - How did you feel being part of this successful team?
   - What did you learn from being on this team?
   - Can you identify any skills that you gained from the experience?
   - What skill or experience of yours did the team utilize?
   - Have you been able to apply any of those skills in other situations?

   [*TRAINER NOTE*: It is important to emphasize the different individual skills and experiences of all participants that went into making the team successful.]

3. **Have** participants build a list as a team (or teams, depending on size of group) of *What Makes Teams Successful* on newsprint. Post and discuss.

4. **Ask** participants to now build a list of *Barriers to the Success of a Team* on newsprint. Post and discuss.

5. **Review** *Helpers* and *Barriers* listed on *Participant Packet* page 6, *What Makes Teams Successful?*, for any additions to team lists.

6. **Ask** participants to complete the self-assessment on page 7 of the *Participant Packet*, *Personal Communication Barriers*, on their own. Share and discuss.

Understanding the Value of Teams

FOCUS: **To have participants appreciate *the synergy of many* as opposed to *one* when completing an assignment or job task.**

TIME: 20 Minutes

TRAINING PROCESS:

1. **Refer** participants to *Participant Packet* page 8 for a review of definitions of *Teams of ONE*, *SYNERGY*, and *Teams of MANY*. Read aloud and discuss.

2. **Tell** participants that they will now do an activity alone or as a *Team of ONE*. Have participants work on *Participant Packet* page 9, *Synergy in Action*, by themselves until all seem to be finished.

   [*TRAINER NOTE*: Do not allow participants to talk to each other or give hints during this exercise. Remind them, "The emphasis is on working *ALONE*." Tell them they will have a chance to order the buttons as a team and to not give away any answers.]

3. **Have** participants form a team (or teams depending on size) and select a leader. As a *Team of MANY*, have participants fill in the boxes to create the order of the numbers and buttons that they can *all* support.

   [*TRAINER NOTE*: Observe all individual and group behavior closely and make notes if necessary for report out later. Be sure to have a sample of a correct telephone keypad available to share.]

4. **Have** the leader(s) of the team(s) report out to the larger group their final order of numbers and buttons. Give the group(s) the correct button/number order.

5. **Summarize** the activity by eliciting from the group descriptions of behaviors (individual and group) that made their efforts as a team successful (or not successful). Ask questions such as:

   - Did you feel "synergy" in the group? Describe the feeling.
   - How did it feel compared to when you worked alone as a *Team of ONE*?
   - Did you utilize different skills and experiences of team members?
   - What were they? Did someone have more experiences with a telephone keypad?

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Teambuilding in the Workplace

FOCUS: **To have participants define their roles on various teams in their workplace, and define the common goal of their department, facility, and organization.**

TIME: **30 Minutes**

TRAINING PROCESS:

1. **Have** participants identify various teams they may be members of in their work environment. Record various responses on newsprint.

   [*TRAINER NOTE*: Make sure participants' departments, facilities, and organization are represented in the list of work teams.]

2. **Ask** participants to complete *Participant Packet* page 10, *Team Mission*, on their own.

   [*TRAINER NOTE*: Remind participants to think about the "customer" in "customer service," both internal and external customers.]

3. **Have** a go-around where all share goals with the larger group.

4. **Record** responses on newsprint of *departmental* goals only.

5. **Review** answers of participants and ask them to look for similarities.

   [*TRAINER NOTE*: Regardless of the department, the overall goal is actually the same: "to ensure the safety, security, and quality of care of the residents".]

6. **Have** participants complete page 11, *Working Toward a Common Goal*, by recording *key words* or *themes* that appear in the *departmental* goals as shared by participants.

7. **To summarize**, emphasize the overall goal of the organization. Have participants list other elements necessary for a successful team by completing the bottom of page 11.

Working Toward a Common Goal

FOCUS: **To have participants understand how department and facility teams work together to form one organizational team serving the primary customer -- the resident -- and to have participants think beyond specific *job duties* to eliminate a *'not my job'* attitude in their work environment.**

TIME: **25 Minutes**

TRAINING PROCESS:

1. **Refer** participants to page 12, *Mapping Out Job Duties*, in their packets. Model the *mapping* exercise using your own job title or a volunteer's job title in the group as an example.

   [*TRAINER NOTE*: Mapping is a web-like arrangement of ideas on paper where the main topic is recorded within a circle in the center of the paper. Sub-topics are then organized around the main topic within their own circles. Details are listed around these topics with lines-- thus, the resemblance to a "web".]

2. **Have** participants complete *Participant Packet* page 12, *Mapping Out Job Duties*, using their own job title.

   [*TRAINER NOTE*: Encourage participants to break down their job duties into as many individual job tasks as possible.]

3. **Ask** for volunteers to share their mind maps with the larger group. Ask questions such as:
   - Did you list any tasks that may be considered *outside* of your job description?
   - If yes, what are they? If not, what might some be?
   - Is there a task not listed under your position that you perform regularly?
   - What is it, and why do you perform it?

   [*TRAINER NOTE*: It is important to emphasize application of positive team behaviors and attitudes in this exercise. Stress that "employee empowerment" in performing duties outside a general job description are for the good of the organization and the customers it serves. It is important for participants to see how they are each members and representatives of one organizational team -- Northeast Health.]

4. **Ask** participants to read and respond to the two case scenarios at the top of page 13 in their packets, *How Can I Contribute?*. Share responses and discuss. Emphasize the *shared mission* discussed previously: *"to ensure the safety, security, and quality of care of the residents."*

5. **Summarize** by reminding participants that sometimes they must empower themselves to perform outside of their specific job duties in order to contribute to the overall mission of the organization. Ask participants to share any other case scenarios that they have either witnessed other employees performing or have performed themselves that have contributed to this mission.

6. **Ask** participants to fill out the bottom of page 13 with two ideas to contribute to team environment. Any answers are appropriate here, from personal attitude and behavioral changes to development of checklists or posters. Ask for volunteers to share ideas.

NOTES:

Summary and Closure

FOCUS: To review key points and Learning Objectives of the module.

TIME: 20 Minutes

TRAINING PROCESS:

1. **Ask** participants whether all *Learning Objectives* have been met by reviewing either pre-printed newsprint or page 1 of the *Participant Packets*.

2. **Lead** participants through the *Seven Points of Customer Service* again and ask them to identify which points apply to this *Teambuilding* module.

3. **Do** a go-around asking participants to share anything they have learned or may want to change after experiencing this module.

4. **Ask** the group to complete page 14 in their packets, Participant Post-Program Survey, and tear out and hand in to the trainer.

5. **Thank** all for attending and conclude the session.

NOTES:

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CALLING FOR CARE THE TELEPHONE IN CUSTOMER SERVICE

TAKING RESPONSIBILITY FOR CONFLICT

DIFFICULT PEOPLE: STRATEGIES FOR SUCCESSFUL SOLUTIONS

RX FOR STRESS MANAGEMENT

TEAMBUILDING

HANDLING CHANGE IN THE HEALTHCARE ENVIRONMENT

WORKING TOGETHER WITH OUR DIFFERENCES

PARTICIPANT PACKET

TEAMBUILDING: WORKING EFFECTIVELY IN GROUPS

PARTICIPANT PACKET

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Learning Objectives

Teambuilding: Working Effectively in Groups

Upon completing this module, participants will be able to

- **Specify who their *customers* are**
- **Determine what they should be doing to serve their *customers* better**
- **Identify the Seven Points of Customer Service affected by teambuilding**
- **Use observation skills to identify and analyze group behaviors**
- **Identify elements of a successful team**
- **Identify barriers of working in teams and ways to remove or lessen the effects**
- **List four benefits of working in a team environment**
- **Define the objectives for their position and/or department**
- **Define the common goal of their department, facility, and organization**
- **Develop two ideas that will enhance and support a team environment in their department and/or facility**

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Participant Pre-Program Survey

Today's Date:

Training Topic Title:

Name of Your Affiliate:

Your Job Title:

How long have you worked for The Eddy/Northeast Health?

Directions: Please answer the question below before you take this training:

1. What do you expect to learn or review during this training?

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Who Are My Customers?

It is very easy for people to think that *customer service* deals with handling outside (*external*) customers and, therefore, only applies to staff who have customer contact. This is not the case. The service one person provides another *within* a company, to one degree or another, affects the service that a company is able to provide its external customers. If everyone in an organization treated colleagues as if they were customers (*internal*), the company would not only be totally *customer-oriented*, it would also be more efficient.

The starting point is to encourage all employees to determine who their "customers" are.

Directions: List your **customers** below (both ***internal*** and ***external***).

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Seven Points of Customer Service

1. Remain focused on what the customer wants: Seek to do more than is expected, but promise only what can be delivered.

2. Accept, support, and encourage productive change.

3. Respect the privacy and confidentiality of those with whom we come in contact.

4. Be flexible and timely in our approach.

5. Promote the highest level of participation from others in decision-making.

6. Support the efforts of our co-workers (in our actions, thoughts, and words).

7. Remain sensitive and non-judgmental about differences of values, opinions, backgrounds and situations.

Creating a Team Environment

Most people are familiar with teams associated with sports, but there are many types of teams. Although the concept is relatively new in today's work environment, groups of co-workers are increasingly being organized into teams.

Directions: Below, identify a successful team you have been a member of, or are familiar with. This team can be from the past or present.

What made this team work well?

Is there anything that would have made this team work better?

Every team can be characterized as a set of individuals who depend on each other to reach certain goals.

What Makes Teams Successful?

HELPERS

- Understanding/supporting goals and objectives of your department, facility, and company
- Members' awareness of each others' abilities
- Recognition of the efforts of the team
- Comfort in sharing concerns and issues with each other
- Respect for each others' backgrounds and personal attributes
- Confidentiality
- Follow-through
- Positive attitude/consensus
- Regular and appropriate methods of communication to (and with) team members
- Trust
- Synergy

BARRIERS

- Blaming others for problems
- Non-support of team members
- Poor communication
- Improper job skills represented on the team
- Insufficient training
- Team members not pulling their weight
- Departmental barriers
- Job duties
- Regulations
- Attitude
- Supervisors acting as "*bosses*" not "*coaches*"

Personal Communication Barriers

"Perceptions often have consequences."

Sometimes by our behavior, we set up personal barriers that interfere with the message that we are trying to send. Barriers are often a matter of **perception**. This means that in many cases, it is ***how*** the person perceives what is said, rather than ***what*** is said.

Do you...	**YES**	**SOMETIMES**	**NO**
• make quick judgments?	☐	☐	☐
• speak very generally and not specifically?	☐	☐	☐
• interrupt frequently?	☐	☐	☐
• become annoyed or irritable if you are not being understood?	☐	☐	☐
• ramble on and talk too much?	☐	☐	☐
• sound too bossy?	☐	☐	☐
• sound like you're whining and/or complaining?	☐	☐	☐
• seem ready to argue?	☐	☐	☐
• talk down to people?	☐	☐	☐
• come across as being sarcastic?	☐	☐	☐
• have negative nonverbals while trying to be pleasant?	☐	☐	☐

Too many "Yes" answers indicate that you may be inviting barriers in the form of perceptions that will interfere with the communication process.

Teams of ONE vs. Teams of MANY

Teams of ONE:

Do things "their way" because they know best
because this is "the way they were taught" and they have always done it this way.
If people would just "leave them alone" and stop interfering, they could get a lot more done.

SYNERGY:

The interaction of two or more forces
so that their combined effect is greater than
the sum of their individual effects.

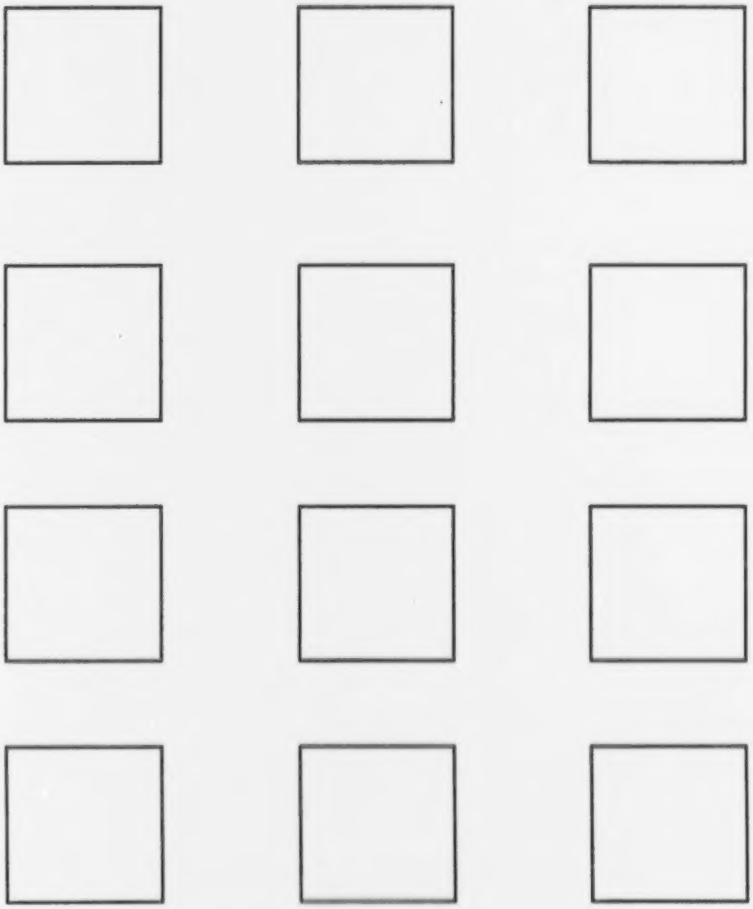
Teams of MANY:

Achieve more by working with the different strengths and abilities of members.
With a collaborative, *synergistic* atmosphere, the workload is shared
which reduces stress, saves process steps, and better utilizes time for employees.

None of us is as good as all of us. By utilizing the different skills and experiences of all participants, a greater solution will be found.

Synergy in Action

Directions: The boxes below represent the twelve buttons of a standard push button telephone. Take a moment to write in the numbers and letters as they normally appear.



Team Mission

Directions: Take a few moments to write down the *purpose* or *Mission* of the department, facility, and company for which you work *as you believe them to be*. You may be asked to share these with the group.

DEPARTMENT: ____________________

____

____

____

FACILITY: ____________________

____

____

____

COMPANY: Northeast Health

____

____

____

Working Toward a Common Goal

A team is defined as a group of individuals working together toward a common goal or cause.

Directions: Write down *key words* or *themes* that appear in the *departmental* goals shared by participants:

____________________ ____________________ ____________________

____________________ ____________________ ____________________

____________________ ____________________ ____________________

In the previous exercise you identified goals from your *department*, *facility*, and *organization*. By reviewing answers of the other participants on departmental goals, you can see that there are similarities. In fact, regardless of the department you work for, the overall goal is actually the same, isn't it?

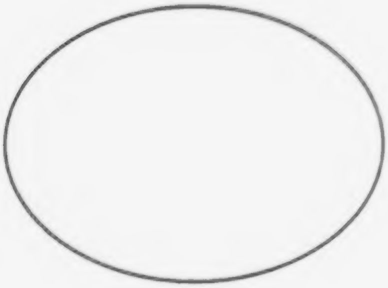
. . . to ensure the safety, security, and quality of care of the residents

It is important to remember that before a team can be truly successful, its goals need to be completely understood and supported by its members. Then the members have to plan on how they will *consistently* work towards achieving these goals and objectives. Gathering a group of people together and calling them a *team*, even when the goals and objectives are clearly understood by the members, is *not* enough to ensure success. Working with other people in a true environment requires much, much more . . .

Directions: List the other necessary elements discussed previously in this module. Refer back to page 6 if necessary.

Mapping Out Job Duties

Directions: You are going to create a *mind map* or *web*. This technique helps in organizing thoughts on paper and resembles how the mind actually works. Write your **job title** in the large circle provided below. Then draw smaller circles around the main circle and record specific **job duties** within them. Then list **details** or **examples** of these job duties using lines drawn off the smaller circles. Your finished map should resemble a web.



How Can I Contribute?

Directions: Read the two case scenarios below and circle the letter of the response that you are most likely to follow. Answer *honestly*.

CASE SCENARIO #1:

You are walking down the hallway of an eldercare unit and you notice a puddle under the wheelchair of a resident. What do you do?

a. *Nothing, it's not my job to mop floors.*
b. *Notify someone from the housekeeping department.*
c. *Find a mop and clean up the puddle immediately.*

CASE SCENARIO #2:

Your workday is done and you're walking through the parking lot of your facility toward your car to head home. You notice an empty soda bottle on the ground in a far corner of the lot. What do you do?

a. *Nothing, it's not my job to clean the parking lot.*
b. *Notify someone from environmental services or the grounds department.*
c. *Walk over, pick up the bottle, and deposit it in a proper receptacle.*

Regardless of the department, the overall goal is actually the same:
"to ensure the safety, security, and quality of care of the residents."

How Can I Contribute?

Directions: List two ideas that will enhance and support a team environment in your department or facility. Be creative!

1.)

2.)

Participant Post-Program Survey

Today's Date:

Training Topic Title:

Name of Your Affiliate:

Your Job Title:

How long have you worked for The Eddy/Northeast Health?

Directions: After you have completed this training session, please take a few minutes to write brief answers to the questions below:

1. What are a few of the most important things that you learned from this session?

2. Would you recommend this training to a co-worker? Why, or why not?

3. How do you plan to use what you've learned?

4. If you could change one thing about this training session, what would you change?

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TRAINING PROCESS GUIDE

HANDLING CHANGE IN THE HEALTHCARE ENVIRONMENT

TRAINING PROCESS GUIDE

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Trainer Preparation

- Familiarize yourself with the *Rationale and Goal* for this module on the following page.
- Prepare newsprint with *Learning Objectives* (optional - see *Introduction*).
- Prepare four separate newsprints with each of the *Four Stages of Change* headings of:

  DENIAL, RESISTANCE, REFRAME, ACCEPTANCE (see *Participant Packet* page 8).
- Gather and prepare *Trainer* and *Participant* materials listed below.

Materials:

The trainer is responsible for knowing how many participants will be in attendance prior to training so that s/he can reproduce and supply the correct amount of participant materials listed below.

Trainer
Newsprint and Flipchart Stand
Markers and Masking Tape
Registration Forms

Participants
Participant Packets
Pencils, Pens

Classroom Setting:

- The room should be large enough to allow participants to move into pairs and small groups.
- Table space should be available for groups to write on large newsprint pages.
- Walls should accommodate flip chart pages being taped around the room.
- Tables and chairs should be movable to allow for different configurations.

Training Time: 3 Hours

Handling Change in the Healthcare Environment

Rationale and Goal

The healthcare field is currently undergoing rapid change. Healthcare organizations must experience continuous change in order to meet economic competition. Whether good or bad, change induces stress in employees. How staff respond to change, like stress, is within their control. Controlling one's reactions, through specific techniques, will make the change process easier for everyone on the Care Team. This module will assist staff to understand the process of change and develop strategies to control personal responses. The module seeks to move participants to positive approaches to change, thereby, reducing its negative impact on the Care Team and customer service.

Learning Objectives

Upon completing this module, participants will be able to:

- Understand various approaches to change
- Recognize their own reactions to the process of change
- Identify four common stages of the change process
- Develop two coping mechanisms to handle resistance to change
- Enhance their ability to deal with co-workers experiencing a difficulty in handling change
- Discover the importance of developing and maintaining a positive attitude in times of change
- Learn to look for *opportunities* within a change process

Competencies

- Developing self-directed learning
- Recognizing the relationship between change and stress
- Formulating strategies to cope with change
- Applying logic to problem-solve a change process
- Viewing oneself as the one in control of responses to change

We acknowledge the Mid-America Consulting Group's *Culture Change Training Strategy Project Report* for curriculum ideas.

Introduction

FOCUS: To allow participants to introduce themselves and to provide a general overview of the *Rationale and Goal* and *Learning Objectives* of the module.

TIME: 15 Minutes

TRAINING PROCESS:

1. **Welcome** the participants and introduce yourself as the trainer.

2. **Distribute** the attendance roster and any other required forms.

3. **Conduct** a brief go-round asking participants to identify their department and how long they've worked for Northeast Health.

4. **Review** the *Rationale and Goal* of the module by either reading it aloud or by summarizing: *"The healthcare field is currently undergoing rapid change. In order to survive in a competitive environment, healthcare organizations need to respond to change continuously, and swiftly. Staff need the skills and strategies to view change as a positive, rather than a negative factor. Focusing on 'negatives' impacts the efficiency of the Care Team and customer service."*

5. **Present** an overview of the module's *Learning Objectives*. There are two options for facilitation.

   Option I:

   a) **Show** *Learning Objectives* on pre-printed newsprint, or

   b) **Refer** participants to the *Learning Objectives* on page 1 of their *Participant Packets* and either review as a group or read silently and discuss.

Option II:

[*TRAINER NOTE*: Option II offers a richer larger group interaction, but takes more time and requires that the trainer be comfortable assimilating unexpected participant responses into the flow of the training.]

a) **Present** a general overview of the *Rationale and Goal* of the module.

b) **Distribute** newsprint and markers to participants individually or in small groups depending on size.

c) **Direct** participants to write their individual expectations for the training session based on the *Rationale and Goal* of the module.

d) **Post** newsprint sheets around the room.

[*TRAINER NOTE*: If space does not allow, ask participants to verbalize while you write responses on newsprint and post.]

e) **Show** *Learning Objectives* on a pre-printed newsprint and compare to posted participant lists.

[*TRAINER NOTE*: Try to prepare for expectations and/or objectives that are not listed on your prepared newsprint. Trainee suggestions need to be addressed in some manner once they are vocalized.]

6. **Ask** participants to complete the *Participant Pre-Program Survey* on page 2 of their packets and tear out and hand in to the trainer. This is an individual activity that does not need to be shared, but if appropriate, the trainer may ask for volunteers to share responses with the larger group.

Customer Service

FOCUS: **To introduce Northeast Health's *Seven Points of Customer Service* and the *New Directions in Customer Service* training initiative.**

TIME: **10 Minutes**

TRAINING PROCESS:

1. **Direct** participants to page 3 in their packets, *Who are my Customers?* Emphasize the importance of treating colleagues, or *internal customers*, just as well as the *external customer*. Lead a discussion asking participants to identify all *customers* of Northeast Health.

2. **Refer** participants to the *Seven Points of Customer Service* on page 4 of their packets. Ask participants which of the seven points might be addressed in this module.

3. **Ask,** *"If employees are experiencing difficulty in the change process, how will it effect customer service?"*

   Possible Answer: *"When employees do not have the skills to handle change, they experience increased stress. There is a feeling of powerlessness that generates negativity. This leads to stress related outcomes such as loss of productivity, absenteeism, conflict, all of which finds its way to both internal and external customers."*

   [*TRAINER NOTE*: You may want to write responses on newsprint and post around room.]

NOTES:

Facing Change

FOCUS: To identify facts about change and the natural reactions it causes.

TIME: 20 Minutes

TRAINING PROCESS:

1. **Write** the words *REACTIVE* and *PROACTIVE* on newsprint.

2. **Tell** the group that these are two approaches to facing change.

3. **Ask** participants what these words mean and write responses on newsprint.
   REACTIVE - tending to react to a stimulus as it happens
   PROACTIVE - Acting in advance to deal with an expected difficulty; anticipatory

4. **Ask** the group, "What is the difference between the two approaches and which one might be best for handling change?"

   Possible Answer: *"The problem with being reactive is that you are always reacting to change, always on the defensive, and often too late to have a personal impact on the change. By contrast, if you are proactive, you can anticipate change and turn it to your advantage."*

5. **Ask** the group to reflect on their personal approaches to change. Are they *reactive* or *proactive*?

6. **Request** a show of hands for each approach.

7. **Place** all *reactors* and those with a *proactive* approach in separate groups.

8. **Distribute** newsprint and markers to each group. Ask each group to write down their thoughts, feelings, and actions when faced with change.

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9. **Post** responses. As a large group, discuss the characteristics of both groups, similarities in thoughts, feelings, and actions. Note any patterns. Have participants review page 5 in their packets for any additional facts not discussed.

Key Ideas:

- Change is natural.
- Change causes stress.
- Change is a creative process.
- Change is exciting.
- Resistance to change is normal.
- Change creates fear and anxiety.

[*TRAINER NOTE*: Check the numbers in the two groups. As a general guide for the remainder of the session, consider the following: (1) More *Reactors* indicates a need to focus on *how* people respond to the change process. *Reactors* need help with fear, anxiety and stress responses, (2) Large numbers of *proactive personalities* indicate the need to focus on identifying specific problems.]

NOTES:

Managing the Transition

FOCUS: To help participants understand that the *transition* to change is the most difficult period in the process.

TIME: 15 Minutes

TRAINING PROCESS:

1. **Tell** participants that change is *situational - a critical, problematic, or striking set of circumstances* - and that the *transition period* is the psychological process people go through when coming to terms with change.
2. **Ask** the group to define *transition - passage from one form, state, style, or place to another.* Write responses on newsprint. Tell the group, *"What we are seeking is to acknowledge that although we are transitioning to something new, we have also ended something old and familiar. We might say, transition begins with an ending. When something ends, there is always a feeling of loss."*
3. **Discuss** with participants the importance of *recognizing* the loss and sharing an understanding that there is a natural *grief* process during the transition period.
4. **Ask** participants to think of a recent work change. Ask what participants felt they lost.
5. **Invite** ideas from participants as to how they might symbolize or come to grips with the finality of loss during a change transition.

Ideas to Add:

- Verbalize the loss and your feelings at a team lunch.
- Hold a *throw away* ceremony and decorate the dumpster.
- Have a brainstorming session to identify *opportunities* within the change.
- Discuss *outcomes.*
- Invite someone from management to discuss the change with the group.
- Set a deadline for the *ending* and celebrate the change. Bring in a cake!
- Meet with other units or departments that are affected by the change and discuss.

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What's Your Change Personality?

FOCUS: **To assist participants in recognizing their individual responses to the change process.**

TIME: **20 Minutes**

TRAINING PROCESS:

1. **Refer** participants to page 6 in their packets, *What's Your Change Personality?* Depending on group size, this exercise may be done in small groups or as a trainer-led large group discussion. The purpose of this exercise is to have participants begin to think about their personal responses to change. This is the first step in beginning to understand that *individuals control their responses to change.*

2. **Ask** for sharing of responses from *Participant Packet* page 6.

   [*TRAINER NOTE* : If anyone did any of this exercise like the game *Charades*, ask for some demonstrations.]

3. **Compare** this module to the *Rx for Stress Management* module where participants learn that *they are in control of their own responses to stress.* If this has not been taught, use the following as a comparative example:

   "*Stress is a non-specific response to stimuli. A person controls his/her response by applying stress reduction techniques to minimize, adapt, or eliminate the stressor* (*stimuli*). *In this case, the stressor is change. We can control our response to change, in similar fashion, by recognizing and understanding the change process, and utilizing coping strategies.*"

4. **Ask** participants to read *Change Types* on page 7 of their *Participant Packets.* Review the three types of change groups: *Change Friendly*, *Fence Riders* and *Resisters.*

5. **Ask** for a show of hands for each category. If participants have difficulty, ask if there are times when their *change personality* fluctuates. Ask "When?" and "Why?"

Stages of Change

FOCUS: To identify four common stages of the change process.

TIME: 25 Minutes

TRAINING PROCESS:

1. **Introduce** participants to the *Four Stages of Change* on page 8 of their packets.

2. **Give** an overview of the *change cycle*. This overview should be an expansion of the paragraph on page 8 of their *Participant Packet*:

   > *We are all in change alone. Therefore, it is helpful to know that it is normal to have different thoughts and feelings about a change that is occurring. People move through the change process at different levels. Some move quickly, others slowly, and some become rooted in one stage. A little self-analysis as to where you are in the change cycle provides an understanding and challenge to move where you want and need to be.*

3. **Post** prepared newsprint sheets with the *Four Stages of Change* headings of *DENIAL, RESISTANCE, REFRAME, ACCEPTANCE*.

4. **Lead** the group in a discussion through each of the four stages, writing responses that describe associated behaviors and characteristics.

   DENIAL is the first stage of the change process. Characteristics include responding emotionally, focusing on the negative, and refusing to accept the change. Even positive changes can cause a denial reaction. Example: The birth of a child. *"Oh, I'm not ready to be a mother/father. I can't handle this responsibility."*

   RESISTANCE is the second stage of change. This stage rationalizes our denial. It is generally an angry stage focusing on reasons for rejecting the change. There are complaints, assurances of negative outcomes, and thoughts of sabotage. Individuals are often trying to "*buy time*" in order to gain some degree of control in the process.

REFRAME is the third stage of change. This is the stage when people begin to explore *opportunities* within the change. It is putting a new frame on something; a new way of looking at something. This is the most *creative stage of the process.*

ACCEPTANCE is the fourth and final stage of change. Characteristics should include acceptance of one's role in the change, positive attitudes, and pursuit of new opportunities.

5. **Ask** trainees if they have ever been stuck in one stage. Tease thoughts with the following questions:

   - Which stage were you stuck in?
   - How long were you in that stage?
   - How did you move out of it?
   - Do you know any of your co-workers who were stuck in a stage?
   - Are they still there?
   - Why do you think some co-workers are still rooted in one stage?
   - Can you do anything, as a Care Team member, to help them move through the stage?
   - What happens to patient, resident, and client or customer if a large percentage of the staff are locked in *denial* and *resistance*?

NOTES:

Change Survivors

FOCUS: To assist participants in identifying positive strategies that *Change Survivors* use during a change process.

TIME: 30 Minutes

TRAINING PROCESS:

1. **Refer** class to page 9 of their *Participant Packet*.

2. **Review** the *Seven Strategies Applied by Change Survivors.* Expand on each one individually.

3. **Draw** a line representing a *change goal* on newsprint. Use the diagram below.

PLANNED CHANGE______________________________________GOAL

ACTION(S)

[*TRAINER NOTE*: Either make up a goal or have trainees come to consensus on a particular goal. Make certain that it is a work-related goal. If you are training members of one department, for instance, *Housekeeping*, make it a specific departmental goal. An example might be: *A new supervisor takes charge of the Housekeeping Department. He has instituted a new plan that all rooms will be clean by 9:00 A.M.*]

4. **Tell** participants that *focusing on the goal* is the first strategy a *Change Survivor* applies.

5. **Distribute** newsprint and markers.

6. **Divide** participants into two groups. One group will come up with the *plan* and *actions* to reach the goal. The other group will create *distractions* and *obstacles* in the plan or action(s) toward achieving the goal. Post the change plan/actions and projected obstacles on the wall.

7. **Move** participants back into one large group.

8. **Direct** the group to utilize the remaining six *Change Survivor* strategies on page 9 to counteract the posted *distractions* and *obstacles*. The purpose of this exercise is to move toward achieving the goal.

NOTES:

Controlling Change

FOCUS: To help participants recognize that *they are in control of their change response.*

TIME: 30 Minutes

TRAINING PROCESS:

1. **Direct** participants to think about their *own control over change* and review the top of *Participant Packet* page 10.

   "The question of *control* or *no control* is central to responding to change. Most people jump to the conclusion that they have *no control* over impending change. Change has strategies similar to *stress reduction*. Keep in mind the fact that you have control over your response. Always think about those aspects of the change process that you can *discuss* or *influence* (Negotiables), what you cannot *control* (Givens), and what you can control (Controllable)."

2. **Provide** a brief overview on the *Negotiables* and the *Givens* of change. Use the following learning points to guide your discussion:

   - Some types of changes are best managed by taking action to change yourself. You are powerless to change other people. You have one hundred percent of the power to change yourself and your response.
   - Learn to *let go* of changes that are not important.
   - Death, natural disasters, loss of job, and accidents are changes that make us feel helpless and hopeless. Even though you cannot change the event, you can change the way you think about it; change the meaning that you give it; modify your emotional/ physical responses to it; re-evaluate the importance of the event.

3. **Direct** participants to page 10, *Controlling Change*, and page 11, *Controlling Change Worksheet*, in their *Participant Packets*.

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4. **Break** participants into small groups and have them follow the directions on the exercise. Remind the groups that they will each report back to the large group.

[*TRAINER NOTE*: If the numbers are small, have participants report on two changes.]

5. **Facilitate** group discussion at the conclusion of the exercise. You may need to help groups with the *Negotiables*.

6. **Provide** feedback to the group reports. Ask for input from the rest of the group.

NOTES:

Summary and Closure

FOCUS: **To review key points and *Learning Objectives* of the module.**

TIME: **15 Minutes**

TRAINING PROCESS:

1. **Review** newsprint sheets of key points.
2. **Ask** participants whether all *Learning Objectives* have been met by referring to either prepared newsprint or *Participant Packet* page 1.
3. **Ask** participants to complete the *Participant Post-Program Survey* on page 12 of their packets and tear out and hand in to the trainer.
4. **Thank** all for participating and **conclude** the session.

NOTES:

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HANDLING CHANGE IN THE HEALTHCARE ENVIRONMENT

WORKING TOGETHER WITH OUR DIFFERENCES

PARTICIPANT PACKET

HANDLING CHANGE IN THE HEALTHCARE ENVIRONMENT

PARTICIPANT PACKET

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Learning Objectives

Handling Change in the Healthcare Environment

Upon completing this module, participants will be able to:

- **Understand various approaches to change**
- **Recognize their own reactions to the process of change**
- **Identify four common stages of the change process**
- **Develop two coping mechanisms to handle resistance to change**
- **Enhance their ability to deal with co-workers experiencing a difficulty in handling change**
- **Discover the importance of developing and maintaining a positive attitude in times of change**
- **Learn to look for *opportunities* within a change process**

We acknowledge the Mid-America Consulting Group's *Culture Change Training Strategy Project Report* for curriculum ideas.

Participant Pre-Program Survey

Today's Date:

Training Topic Title:

Name of Your Affiliate:

Your Job Title:

How long have you worked for The Eddy/Northeast Health?

Directions: Please answer the question below before you take this training:

1. What do you expect to learn or review during this training?

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Who Are My Customers?

It is very easy for people to think that *customer service* deals with handling outside (*external*) customers and, therefore, only applies to staff who have customer contact. This is not the case. The service one person provides another *within* a company, to one degree or another, affects the service that a company is able to provide its external customers. If everyone in an organization treated colleagues as if they were customers (*internal*), the company would not only be totally *customer-oriented*, it would also be more efficient.

The starting point is to encourage all employees to determine who their "customers" are.

Directions: List your **customers** below (both ***internal*** and ***external***).

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Seven Points of Customer Service

1. Remain focused on what the customer wants: Seek to do more than is expected, but promise only what can be delivered.

2. Accept, support, and encourage productive change.

3. Respect the privacy and confidentiality of those with whom we come in contact.

4. Be flexible and timely in our approach.

5. Promote the highest level of participation from others in decision-making.

6. Support the efforts of our co-workers (in our actions, thoughts, and words).

7. Remain sensitive and non-judgmental about differences of values, opinions, backgrounds and situations.

Facts About Change

Change is

Natural

A Creative Process

Exciting

Change Causes

Stress

Resistance

Fear and Anxiety

What's Your Change Personality?

Directions: Break into groups. Individually, fill in the blanks. Then share your responses with the group. If you wish to be creative in this exercise, try to do it like the game, *Charades*

1. When I hear the word "change" my first **verbal** reaction is ________________.

2. When I hear the word "change" my first **nonverbal** reaction is ________________.

3. When I hear the word "change" my first **emotional** reaction is ________________.

4. When I think of the word "change" my first **physical** reaction is ________________.

5. When I think of the word "change" the first thing that **comes to mind** is ____________.

6. If I could compare "change" to an **animal**, that animal would be ________________.

7. **Good** "change" is ____.

8. **Bad** "change" is ____.

9. The most **creative** thing about "change" is ______________________________.

10. If "change" was a **color**, it would be ______________________________.

Change Types

How People React to Change

Experts say that in the face of change, people generally react according to the *20-50-30 Rule*. In your organization, you can expect that people will fall into the following groups when asked to change:

20% are ***Change Friendly***
50% are ***Fence Riders***
30% are ***Resisters***

Change Friendly

The *Change Friendly* are the advocates of change and enjoy the role of *Change Agent*.

- They willingly embrace change.
- They can be depended upon to support the change.

Fence Riders

The *Fence Riders* assume a neutral position while they make their decision as to which side of the fence they should get off.

- They do not promote the change.
- They are not hostile to change.
- They are ambivalent.

Resisters

The *Resisters* are antagonistic toward change. This may be because they oppose the change itself, or simply the idea of change.

- They may deliberately undermine change efforts.
- They may be the *focus* of most of the time and energy in the change process.

Stages of Change

We are all in change *alone*. Therefore, it is helpful to know that it is normal to have different thoughts and feelings about a change that is occurring. People move through the ***change cycle*** at varying levels. Some move quickly, others slowly, and some become rooted in one area. A little self-analysis as to *where you are* in the ***change cycle*** provides an understanding and challenge to move *where you want and need to be*.

THE FOUR STAGES OF CHANGE			
1	DENIAL	3	REFRAME
2	RESISTANCE	4	ACCEPTANCE

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Change Survivors

Seven Strategies Applied by *Change Survivors*

- ✓ Focus on goals
- ✓ Develop a perception of the process
- ✓ Respond and adapt to influence
- ✓ Understand the importance of cooperation
- ✓ Tolerate ambiguity
- ✓ Create a vision for themselves
- ✓ Recognize and be willing to change

Controlling Change

The question of *control* or *no control* is central when responding to change. Most people jump to the conclusion that they have *no control* over impending change. However, the fact of the matter is, **you do have control over your *response* to change**. It is similar to the strategies used in controlling and reducing stress. Analyze those aspects of the change process

- that you can *discuss* or *influence* (*Negotiables*),
- that you *cannot* control (*Givens*), and
- that you *can* control (*Controllable*).

Directions: Using the *Controlling Change* worksheet on the next page, break into small groups and:

a) Describe the most recent job-related change in your unit/department that caused you stress.

b) Discuss the potential impact the change had on you personally and on your co-workers.

c) What change strategies did you use for survival?

d) Place yourself in each quadrant of the *Four Stages of Change* and think/share with the group what adaption techniques you used to achieve the *Acceptance* stage.

If you are still locked in one quadrant, ask group members for assistance.

e) Be prepared to present to the large group all aspects of the change that your group discussed.

Controlling Change Worksheet

Directions: Think about a recent change in your organization and describe which aspects of that change were ***Givens***, which were ***Negotiables,*** and which were ***Controllable*** in the space provided below.

GIVENS	**NEGOTIABLES**	**CONTROLLABLE**
ASPECTS OF THE CHANGE WE CANNOT CONTROL	ASPECTS OF THE CHANGE WE CAN INFLUENCE OR DISCUSS WITH OTHER GROUPS	ASPECTS OF THE CHANGE MY TEAM CAN CONTROL

Participant Post-Program Survey

Today's Date:

Training Topic Title:

Name of Your Affiliate:

Your Job Title:

How long have you worked for The Eddy/Northeast Health?

Directions: After you have completed this training session, please take a few minutes to write brief answers to the questions below.

1. What are a few of the most important things that you learned from this session?

2. Would you recommend this training to a co-worker? Why, or why not?

3. How do you plan to use what you've learned?

4. If you could change one thing about this training session, what would you change?

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WORKING TOGETHER WITH OUR DIFFERENCES

TRAINING PROCESS GUIDE

WORKING TOGETHER WITH OUR DIFFERENCES

TRAINING PROCESS GUIDE

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Trainer Preparation

- Familiarize yourself with the *Rationale and Goal* for this module on the following page.
- Prepare newsprint with *Learning Objectives* (optional - see *Introduction*).
- Familiarize yourself with the video *Working Together With Our Differences* (17:10) or review the transcripts for this video on pages 17 - 25 at the end of this *Training Process Guide*.
- Gather and prepare *Trainer* and *Participant* materials listed below.

Materials:

The trainer is responsible for knowing how many participants will be in attendance prior to training so that s/he can reproduce and supply the correct amount of participant materials listed below.

Trainer
Newsprint and Flipchart Stand
Markers and Masking Tape
Registration Forms
VCR and TV Monitor
Video *Working Together With Our Differences* (17:10)

Participants
Participant Packets
Pencils, Pens

Classroom Setting:

- The room should be large enough to allow participants to move into pairs and small groups.
- Table space should be available for groups to write on large newsprint pages.
- Walls should accommodate flip chart pages being taped around the room.
- Tables and chairs should be movable to allow for different configurations.

Training Time: 3 Hours

Working Together With Our Differences

Rationale and Goal

The success of organizations depends upon cooperation and collaboration among different groups of people to achieve a common goal. The sharing of creative ideas among people of varying backgrounds can open up endless possibilities for advancement and enrichment in a work environment. The makeup of the U.S. population is becoming increasingly diverse. People, in general, tend to politely get along, but prefer to associate with people similar to themselves. In the work force, particularly in large states or cities, we must be able to understand, respect, and get along with others regardless of differences. Creating an atmosphere of understanding and mutual respect will enhance morale, reduce conflict, improve productivity, foster team spirit, and produce a higher level of professionalism within organizations. It is the aim of this module to assist employees in understanding other cultures different than their own and to heighten their self-awareness. Increased knowledge is a very important step to bridge the gap that often seems to separate people.

Learning Objectives

Upon completing this module, participants will be able to:

- Explain what is meant by the terms *cultural diversity* and *cultural sensitivity*
- Define key terms: *culture*, *values*, *prejudice*, *bias*, *stereotype*, *ethnocentrism*
- Identify the commonalities of humankind
- Identify the variables that affect differences in people
- Demonstrate increased self-awareness
- Recognize the effects of discrimination, prejudice, stereotypes, and ethnocentrism as they adversely affect the work environment
- List some of the values of cultural diversity

Competencies

- Thinking analytically
- Thinking critically
- Heightening of self-awareness

Introduction

FOCUS: To allow participants to introduce themselves and to provide a general overview of the *Rationale and Goal* and *Learning Objectives* of the module.

TIME: 15 Minutes

TRAINING PROCESS:

1. **Welcome** the participants and introduce yourself as the trainer.

2. **Distribute** the attendance roster and any other required forms.

3. **Conduct** a brief go-round asking participants to identify their department and how long they've worked for Northeast Health.

4. **Review** the *Rationale and Goal* of the module by either reading it aloud or by summarizing: *"In the work force, particularly in large states or cities, we must be able to understand, respect, and get along with others regardless of differences. Creating an atmosphere of understanding and mutual respect will enhance morale, reduce conflict, improve productivity, foster team spirit, and produce a higher level of professionalism. It is the aim of this module to increase knowledge to bridge the gap that often seems to separate people."*

5. **Present** an overview of the module's *Learning Objectives*. There are two options for facilitation.

   Option I:

   a) **Show** *Learning Objectives* on pre-printed newsprint, or

   b) **Refer** participants to the *Learning Objectives* on page 1 of their *Participant Packets* and either review as a group or read silently and discuss.

Option II:

[*TRAINER NOTE* : Option II offers a richer larger group interaction, but takes more time and requires that the trainer be comfortable assimilating unexpected participant responses into the flow of the training.]

a) **Present** a general overview of the *Rationale and Goal* of the module.

b) **Distribute** newsprint and markers to participants individually or in small groups depending on size.

c) **Direct** participants to write their individual expectations for the training session based on the *Rationale and Goal* of the module.

d) **Post** newsprint sheets around the room.

[*TRAINER NOTE*: If space does not allow, ask participants to verbalize while you write responses on newsprint and post.]

e) **Show** *Learning Objectives* on a pre-printed newsprint and compare to posted participant lists.

[*TRAINER NOTE* : Try to prepare for expectations and/or objectives that are not listed on your prepared newsprint. Trainee suggestions need to be addressed in some manner once they are vocalized.]

6. **Ask** participants to complete the *Participant Pre-Program Survey* on page 2 of their packets and tear out and hand in to the trainer. This is an individual activity that does not need to be shared, but if appropriate, the trainer may ask for volunteers to share responses with the larger group.

Customer Service

FOCUS: **To introduce Northeast Health's *Seven Points of Customer Service* and the *New Directions in Customer Service* training initiative.**

TIME: **10 Minutes**

TRAINING PROCESS:

1. **Direct** participants to page 3 in their packets, *Who Are My Customers?* Emphasize the importance of treating colleagues, or *internal customers*, just as well as the *external customer*. Lead a discussion asking participants to identify all *customers* of Northeast Health.

2. **Refer** participants to the *Seven Points of Customer Service* on page 4 of their packets. Ask participants which of the seven points might be addressed in this module.

3. **Ask,** *"If employees are experiencing difficulty in the change process, how will it effect customer service?"*

   Possible Answer: *"When employees do not have the skills to handle change, they experience increased stress. There is a feeling of powerlessness that generates negativity. This leads to stress related outcomes such as loss of productivity, absenteeism, conflict, all of which finds its way to both internal and external customers."*

   [*TRAINER NOTE*: You may want to write responses on newsprint and post around room.]

NOTES:

Cultural History: Laws and Practices

FOCUS: To assist participants in understanding changes in laws and practices over time.

TIME: 10 Minutes

TRAINING PROCESS:

1. **Refer** participants to their participant packet, page 5, *Legal Benchmarks*. Ask participants to read page 5.
2. **Summarize** the changes in law emphasizing themes of discrimination, sexual harassment, and disabilities.
3. **Refer** participants to page 6 of their packets. Ask participants to read page 6.
4. **Summarize** the changes in law emphasizing the span of time.

NOTES:

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Differences in Nonverbal Communication

FOCUS: To assist participants in understanding differences in nonverbal communication.

TIME: 15 Minutes

TRAINING PROCESS:

1. **Refer** participants to participant packet, pages 7 - 9, *Differences in Nonverbal Communication.*
2. **Ask** participants to read each nonverbal communication element starting with *Eye Contact.*
3. **Have** a large group discussion on each nonverbal communication element strategy starting with *Eye Contact.* Proceed with discussion of each nonverbal communication element.

NOTES:

Word Connotations

FOCUS: To assist participants in understanding how the meanings of words reflect culture and norms and that they change over time.

TIME: 15 Minutes

TRAINING PROCESS:

1. **Refer** participants to participant packet page 10, *Word Connotations*.
2. **Ask** participants to read the directions and complete the work sheet.
3. **Ask** participants to report on the changes in each word.
4. **Summarize** that the connotation of words changes over time and that cultural differences influence how we define words.

NOTES:

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What is Culture?

FOCUS: To assist participants in understanding key terms and definitions.

TIME: 15 Minutes

TRAINING PROCESS:

1. **Facilitate** a discussion using preprinted newsprint to define *cultural diversity, cultural sensitivity, culture, values, prejudice, bias, stereotype, and ethnocentrism.*

2. **Direct** participants to page 11 in their packets, *What is Culture?*

3. **Request** a report out from each group and discuss what was written.

4. **Make** the following learning points:

   - *Cultural Diversity* is a constellation of people consisting of distinctive ethnic groups, colors and races, languages, customs, styles, values, beliefs, genders, ages, education, knowledge, skills, abilities, functions, practices, religions and geographic areas.

   - *Cultural Sensitivity* is recognition and respect for customs and cultural norms different from one's own.

   - *Culture* includes, but is not limited to the shared values, norms, traditions, customs, arts, history, folklore, religious and spiritual healing practices and institutions of a racial, ethnic, religious or social group of people that are generally transmitted to succeeding generations.

   - *Values* are enduring beliefs that certain behaviors are preferable to others derived from the culture we identify with.

   - *Prejudice* is a preconceived judgement or opinion without just grounds or before sufficient information is available.

- *Bias* is a highly personal and unreasoned temperament or outlook.
- *Stereotype* is a highly standardized mental picture that is held in common by members of a group and that represent an oversimplified opinion, attitude, or judgement.
- *Ethnocentrism* is characterized by or based on the attitude that one's own group is superior.

NOTES:

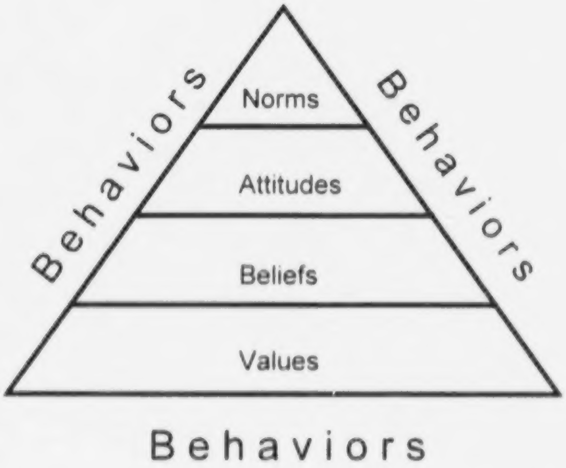
Attitudes, Values, Beliefs and Norms

FOCUS: **To assist participants in understanding how attitudes, values, beliefs and norms influence their behavior.**

TIME: **15 Minutes**

TRAINING PROCESS:

1. **Prepare** an overhead or flip chart with the following model:



2. **Discuss** how this model depicts the relationship between values, beliefs, attitudes, norms, and behaviors.
    - Values are the foundation.
    - Beliefs grow out of our values and experiences.
    - Attitudes, along with our beliefs and values, shape how we act.
    - Norms, or expected behaviors, are also shaped by values, beliefs, and attitudes.

Together values, beliefs, attitudes and norms influence our day to day behavior.

3. **Direct** participants to page 12 in their packet, *Attitudes, Values, Beliefs, and Norms*.

4. **Ask** participants to rank the terms individually and then discuss their rankings with their group members.

5. **Have** a large group discussion once all are finished.

NOTES:

Our Perceptions

FOCUS: To assist participants in understanding bias and prejudice.

TIME: 15 Minutes

TRAINING PROCESS:

1. **Refer** participants to participant packet page 13, *Our Perceptions*.
2. **Ask** participants to read the directions and to write down their thoughts.
3. **Have** a large group discussion emphasizing how bias and prejudice affect our perceptions of others and interactions with them.

NOTES:

Cultural Diversity Among Workers

FOCUS: **To assist participants in understanding how their culture has helped form their attitudes, values, and beliefs.**

TIME: **15 Minutes**

TRAINING PROCESS:

1. **Refer** participants to participant packet page 14, *Cultural Diversity Among Workers.*
2. **Ask** participants to read the directions, and working in pairs, discuss the questions.
3. **Ask** participants to report on the similarities and differences they had in responding to the questions.
4. **Summarize** that culture influences attitudes, values, and beliefs.

NOTES:

Video Overview

FOCUS: To illustrate, using nine video case scenarios, specific examples of working together with our differences in the workplace, and how they might be resolved or managed successfully.

TIME: 40 Minutes including *Working Together With Our Differences* video (approximately 17 minutes in length)

TRAINING PROCESS:

[*TRAINER NOTE*: Review all the case scenarios to determine which are appropriate to use with your participants.]

1. **Tell** the group that they will now have an opportunity to see nine different situations in the workplace.

2. **Use** these principles and values to promote discussion and reinforcement:

   - There is value to all in working, living and recreating with culturally and ethnically diverse populations.
   - Culture and ethnicity provide a valuable way for each of us to appreciate differences.
   - Self-assessment and self-correction is the preferred way to bring to people's attention areas of potential personal improvement.
   - By taking a culturally inclusionary rather than an exlusionary perspective, we open ourselves to learning and growth in ways that enhance the quality of life, increase synergy and enhance discovery through interaction with people different from ourselves.
   - A multicultural perspective allows two person or groups from different cultural backgrounds to disagree without one necessarily being wrong, if they both share the same positive values but express those values in culturally different behaviors.

Summary and Closure

FOCUS: To review key points and *Learning Objectives* of the module.

TIME: 10 Minutes

TRAINING PROCESS:

1. **Review** newsprint sheets of key points.

2. **Ask** participants whether all *Learning Objectives* have been met by referring to either prepared newsprint or *Participant Packet* page 1.

3. **Ask** participants to complete the *Participant Post-Program Survey* on page 12 of their packets and tear out and hand in to the trainer.

4. **Thank** all for participating and conclude the session.

NOTES:

WORKING TOGETHER WITH OUR DIFFERENCES

Video Scripts

(Video is approximately 17 minutes in length)

"Give Me A Chance" (Interaction 1)

"It's Not About Them" (Interaction 1)

"The Alien" (Interaction 1)

"Holidays" (Interaction 1)

"Look Me In The Eye" (Interaction 1)

"Out Group" (Interaction 1)

"Those People" (Interaction 1, 2, & 3)

GIVE ME A CHANCE

Office scene opens with a white male sitting at his desk in his office. He is the supervisor of a department. He is talking on the phone. Camera pans to an African-American female working at her computer outside of his office. She is in range to overhear his conversation.

Supervisor: "Sure, we know what to do. No problem, we'll take care of it."

(He gathers papers and a file from his desk and walks out of his office. He looks at the female worker in a hesitant manner, and then continues to walk by her. The female, as he hesitates, looks at the supervisor expectantly, but her facial expressions exhibit a look of resignation as he passes her by.)

Supervisor: "John, I got one of their special projects again. I need it this afternoon. I know that you can handle it."

John: "I'll get on it right away. I think I can have it ready by 2:00."

(The African-American female is seated where she can hear the conversation and observe the nonverbals. Her INNER Voice states : "He always passes me by. Does he think that I can't do the work? How does he know? If he would only give me a chance. Why did they hire me, anyway?")

(camera pans to supervisor sitting at his desk)

Supervisor: "Believe me, I'm not happy with the situation. I know she feels passed over for work. But, I feel comfortable with John. I know that he can do it. She's an unknown quantity. I'm afraid that she can't handle it. Ultimately, I'm responsible for the work. I just can't take the risk."

DISCUSSION

IT'S NOT ABOUT THEM

Scene opens in the lunchroom of a business place. Two women and one man are speaking Spanish while eating lunch. The three people are Hispanic. They are talking and laughing. A male Caucasian co-worker enters the lunchroom. He smiles and gives a big nonverbal signal, and a verbal "Hello, Rosa."

Rosa smiles, acknowledges the greeting and returns it. She then turns back to her friends and all three continue on in Spanish. The thrust of this scene focuses on the male Caucasian, as he is excluded from the conversation. The longer he sits at the lunch table with his coffee, the more he feels left out, isolated and excluded from the others. This feeling is compounded since the three Hispanics are engaged in lively conversation and laughter. His nonverbals send clear signals of displeasure

(His INNER VOICE: "Why can't they speak in English like everyone else ? I'm uncomfortable in a language that I don't understand.")

The camera then turns to Rosa who defends the position of the others.

Rosa: "Why do they always think we're talking about them if we are speaking in our own language? It's just our way of relaxing and hanging loose, that's all. We enjoy speaking in our own language. Anyway, it's about **us**, it's not about **them**."

DISCUSSION

THE ALIEN

The scene is in the office of the Department of Social Services. Two co-workers, one a caucasian female and the other an African-American male, are talking about who might fill a new posted job vacancy.

Female: "Hi, Fred."

Male: "Good morning, Mauve. I wanted to know if you heard anything about who was going to get the Deputy Commissioner's job?"

Female: "No, but I heard that they were not going to promote from within."

(As they continue this conversation, both look at a young African-American male co-worker walking by them in full African dress. They all exchange a greeting. The young man sits by his computer and takes a business call.)

(Mauve and Fred continue their conversation but are spending more energy looking at the young man.)

(Fred is thinking out loud, and his INNER VOICE says: "I don't know what kind of political statement he is trying to make in that regalia. It's embarrassing!")

(Mauve's INNER VOICE, looking at the young man says: "That is inappropriate. It's totally not suitable for a business work environment like this office.")

(Both Fred and Mauve keep up their conversation, but continue to look over at the young man disapprovingly.)

(Young Man (James): His INNER VOICE is saying: "I know they're looking at me and talking about me. Why should they care how I dress? How I dress has nothing to do with the way I do my job. Why do I have to feel like an **alien**?")

DISCUSSION

HOLIDAYS

Scene takes place in an office. On the wall is a large calendar that employees use to sign what days they will be absent or located in the field office. A woman, Ann, watches and listens as two men sign their names on the board. The two men have a quick conversation.

1st Man: "Hi, I see you're taking the same day off as me."

2nd Man: "Yes, it's the holiday of Beohla, the Prophet, and a holiday for people of our religion."

1st Man: "Oh."

(2nd Man goes to his desk and begins to work.)

(The woman, Ann, walks over to the calendar and notes the date, then walks to the desk of the 2nd Man}

Ann: I see that you're going to be out on April 12th.

2nd Man: "Yes, it's the holiday of Beohla, the Prophet; a religious holiday, for me."

Ann: "Are you aware that we have the deadline of April 12th for our major report? How can you be out on that day? It's an important deadline."

2nd Man: "I don't understand what you mean. Our supervisor cleared the day for me. I have permission to take the holiday. I discussed the situation with him and agreed to have my share of the work completed and reviewed before the holiday. I don't see where you're concerned."

Ann: "Oh, never mind. Just take your holiday."

(She moves away with negative nonverbals and a disgusted look. Ann's INNER VOICE: "All these people and their special holidays. They don't care that they create double the work for the rest of us!")

(2nd Man: His INNER VOICE: "I don't understand why she is upset. The supervisor gave me the okay and I'm doing my share of the work ahead of time. Why should she object?")

DISCUSSION

LOOK ME IN THE EYE

The scene is an office. One man is at the copy machine and a secretary is sitting at her desk. The third character, an Hispanic man, enters the scene.

Hispanic Man: "Hello, Reggie. How are you doing?"

Reggie: (copying) "Fine. How's yourself?"

Hispanic Man: "Hello, Lynette. And how are you this morning ?"

Lynette: (secretary) "Fine, how are you?"

(Hispanic man nods an okay and continues to walk to his supervisor, a Caucasian woman.)

Supervisor: "Rubin, I'm concerned because I don't have your review yet."

Rubin: (not looking supervisor in the eye)
"The delay is because everyone involved has been and still is out in the field. I haven't been able to get hold of people."

Supervisor: (makes a point of looking directly in the eyes of the employee)
"Is that the only reason for the delay? Have you called, sent memos and really tried to get them to respond?"

Rubin: (still not raising his eyes to the supervisor)
"Yes, but they haven't called. I expect that they'll be in next week and then I'll be able to give you the review."

Supervisor: (not looking comfortable with Rubin's answers and unsure if he is telling the truth)
"All right, Rubin. I'll wait."

(Her INNER VOICE says: "I have a problem trusting what he tells me. He never looks me in they eye. I was raised to think that when someone doesn't look you in the eye, they're not telling you the truth.")

(Rubin's INNER VOICE: "She makes me uncomfortable when she stares at me like that. Where I come from you don't look at people directly who have a position of authority, like your parent, boss or teacher. Their position represents authority and respect. It is rude to look at them directly.")

DISCUSSION

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OUT GROUP

Scene is in an office. Three Caucasian males are sitting in someone's office. They are all joking and laughing and experiencing camaraderie. One man is sitting at the desk, another on it, and the other is standing. They are all laughing about an 'ex' co-worker.

1st Man: "Hey, remember that new guy Smith at the coffee machine?"

(Two of the men start laughing and talking about what Smith did.)

2nd Man: "I've heard a lot of stories about Smith.'

1st & 3rd Man: "Well, it's no wonder. He just didn't fit. You replaced him!"

2nd Man: "No!"

(ENTER an African American male, long enough to observe and hear the friendliness, sports, shop talk, and general air of congeniality. He specifically hears them say things to the new person such as, "You fit right in, some people don't.' "You don't need special treatment." "Around here, you either sink or swim."

(Suddenly, all three men see the fourth person. There is an uncomfortable silence because they realize that he has overheard them. One man, who obviously has supervisory capacity, gets up out of his chair with papers in his hand.)

(Supervisor hands papers to African-American man, and tells him to get them completed.)

(The conversation is resumed before the fourth person even leaves the room. The exclusion is obvious, and no one offers any information on the assignment. It is clear from the nonverbals of the African-American and the others that he doesn't fit in with the group.)

DISCUSSION

THOSE PEOPLE (Interaction 1)

Two women are filling out paperwork in an office.

Amy : "What a day at the zoo! And that Garcia case!"

Barbara: "Fridays are always beastly!"

Amy: "I'm talking about beasts of the two-legged kind. Lady Garcia sure has an attitude. Those people who think that they're too good to work. Our tax dollars are sure being wasted on those people. A waste of Medicaid tax dollars, that's what it is!"

Barbara: "What do you mean by those people?"

Amy: "The ones with five or six kids and they don't know who the fathers of any of them are."

Barbara: "How can you say that ? That should have nothing to do with the quality of care. I find those remarks biased and offensive."

Amy: "Now who's nose is bent out of shape?"

(exchange continues between both women)

Barbara: "What were you basing your comments on?"

Amy: "Well, I didn't insult the client."

THOSE PEOPLE (Interaction 2)

Supervisor Enters

Supervisor: "I couldn't help but overhear your comments to Barbara. I found them inappropriate and insensitive."

Amy: "Well, I have a right to my opinion. After all, I didn't insult the client."

Supervisor: "Yes, you do have a right to your opinion. However, your experiences may differ from the client's. You need to understand that yours and the client's experiences differ. Your lack of exposure indicates a lack of true understanding where the client is concerned. You need to be more aware and sensitive about what you say and to whom."

(Amy's INNER VOICE: "I'm sick and tired of 'tiptoeing around' and not being able to pass any judgements. I have a right to my opinion. Who does she think she is?")

THOSE PEOPLE (Interaction 3)

Barbara is alone

Barbara: "She keeps saying *those people*. I hate when people make assumptions and pass judgements. I don't appreciate her narrow minded remarks. What happened to caring for patients and not making judgements? I have family members who are single parents on Medicaid and I don't appreciate her remarks."

DISCUSSION

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new directions in customer service

the right tool for the job

CALLING FOR CARE THE TELEPHONE IN CUSTOMER SERVICE

TAKING RESPONSIBILITY FOR CONFLICT

DIFFICULT PEOPLE: STRATEGIES FOR SUCCESSFUL SOLUTIONS

RX FOR STRESS MANAGEMENT

TEAMBUILDING

HANDLING CHANGE IN THE HEALTHCARE ENVIRONMENT

WORKING TOGETHER WITH OUR DIFFERENCES

PARTICIPANT PACKET

WORKING TOGETHER WITH OUR DIFFERENCES

PARTICIPANT PACKET

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Learning Objectives

Working Together With Our Differences

Upon completing this module, participants will be able to:

- Explain what is meant by the term *cultural diversity* and *cultural sensitivity*
- Define key terms:
    - a) culture
    - b) values
    - c) prejudice
    - d) bias
    - e) stereotype
    - f) ethnocentrism
- Identify the commonalities of humankind
- Identify the variables that affect differences in people
- Demonstrate increased self-awareness
- Recognize the effects of discrimination, prejudice, stereotypes, and ethnocentricism as they adversely affect the work environment
- List some of the values of cultural diversity

Participant Pre-Program Survey

Today's Date:

Training Topic Title:

Name of Your Affiliate:

Your Job Title:

How long have you worked for The Eddy/Northeast Health?

Directions: Please answer the question below before you take this training:

1. What do you expect to learn or review during this training?

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Who Are My Customers?

It is very easy for people to think that *customer service* deals with handling outside (*external*) customers and, therefore, only applies to staff who have customer contact. This is not the case. The service one person provides another *within* a company, to one degree or another, affects the service that a company is able to provide its external customers. If everyone in an organization treated colleagues as if they were customers (*internal*), the company would not only be totally *customer-oriented*, it would also be more efficient.

The starting point is to encourage all employees to determine who their "customers" are.

Directions: List your ***customers*** below (both ***internal*** and ***external***).

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Seven Points of Customer Service

1. Remain focused on what the customer wants: Seek to do more than is expected, but promise only what can be delivered.
2. Accept, support, and encourage productive change.
3. Respect the privacy and confidentiality of those with whom we come in contact.
4. Be flexible and timely in our approach.
5. Promote the highest level of participation from others in decision-making.
6. Support the efforts of our co-workers (in our actions, thoughts, and words).
7. Remain sensitive and non-judgmental about differences of values, opinions, backgrounds and situations.

Legal Benchmarks

When it comes to the issues of cultural diversity, equal employment opportunity and affirmative action, all employees (especially managers) should be aware of these and other laws:

- **Title VII of the Civil Rights Act of 1964** (prohibits discrimination in hiring).
- **Sexual harassment legislation** (prohibits verbal or physical harassment in the workplace).
- **Equal Pay Act of 1963** (requires that people be paid equally for the same jobs that require equal skills in similar working conditions).
- **Executive Order 11246 of 1965** (prohibits discrimination in employment by federal agencies or employers with federal contracts).
- **Age Discrimination in Employment Act of 1967** (prohibits hiring/firing discrimination based on age).
- **Rehabilitation Act of 1973, sections 503 and 504** (prohibits federal agencies or employers with federal contracts from employment discrimination directed against people with disabilities).
- **Vietnam Era Veterans Readjustment Assistance Act of 1974** (promotes affirmative action in the hiring of Vietnam War era veterans with certain disabilities).
- **Americans With Disabilities Act of 1990** (prohibits discrimination against people with disabilities provided they can perform job tasks with reasonable workplace accommodations).

Failure to comply with these regulations can result in lawsuits.

Cultural History: Laws and Practices

Penal Code of the 14th Century

- Restriction of freedoms and rights of Irish Catholic majority by the English minority through:
  - Restrictions on employment
  - Economic sanctions
  - Restrictions regarding ownership of property
- Potato famine killed one million Irish Catholics while other food items were held for export.

Chinese Exclusion Act of 1882

- Suspended emigration of people from China.
- Prohibited Chinese immigrants from becoming citizens.
- A law was passed that banned them from carrying heavy loads on poles across their shoulders.

Gentleman's Agreement of 1908

- A pact, negotiated between the U.S. and Japan, that limited the number of Japanese immigrants.

Literacy Requirements re: Immigration (1917)

- Excluded the temporary immigrant (uneducated from southern and eastern Europe) from entering the United States.
- Adults were required to read 40 words of any language or dialect to be allowed entry.

In 1921, immigration quotas were established for each country based on percent of their population in the U.S.

- This again allowed for further exclusion of minorities, mainly from southern and eastern Europe.

Border patrols organized under Bureau of Immigration in 1924

- Created to control immigration from Mexico (immigration quotas didn't apply to Mexico).
- Mexicans were now required to pass the literacy test.
- Instituted when competition for jobs became an issue.

Black Codes/Jim Crow Laws of the south

- Based on 14th century penal codes.
- Exercised control over the black minority through economic deprivation and restriction of political rights.

Differences in Nonverbal Communication

Experts indicate that anywhere from 75% to 95% of communication is on a nonverbal level. When interpreted solely within the context of one's own culture, misunderstandings may arise. It is important to be observant and sensitive to the impact of differences in interpretation. Below is a list of elements of nonverbal communication with cultural implications.

EYE CONTACT

Most Americans are taught at an early age to look at a person in the eye when speaking. "Look at me when I'm speaking to you" is a command familiar to most children. Another message ingrained throughout the years is, "You can't trust a man who doesn't look you in the eye." However, the same message is not given to children in all cultures. Natives of Japan, Korea, and some African countries are taught that it's deferential and respectful not to look a person in the eyes. Even in cultures where eye contact is welcomed, other more suitable issues such as age, gender, and position may come into play.

FACIAL EXPRESSIONS

Emotion is generally very evident and very readable through facial expressions. Candidness and expressiveness are predominant in the American culture. In other cultures where the outward showing of emotion is not accepted, they adopt passionless expressions and are thought to be cold and unfeeling.

TONE OF VOICE

Tone of voice ranges from passive to expressive. As volumes or intensity increases, it doesn't always translate to assertive or aggressive behavior. The point is to keep in mind that it is very hard to perceive the emotion associated with tone of voice without sharing a common background (frame of reference). When a language or cultural barrier exists, it is easy to make assumptions based on tone of voice and other body language that are totally invalid.

BODY POSTURE

Body posture or stance is a nonverbal that sends a variety of messages with unique interpretations around the world. Standing with hands on the hips is considered an act of defiance or challenge in Indonesia and Latin America. It is considered very bad manners in many countries (France, Belgium, Finland, Sweden and Japan) to have your hands in your pockets when speaking with someone.

Generally, when someone stands with his or her arms folded, the perception is that he or she is defensive or disagrees with you; but in Finland, it is considered to be a sign of arrogance. Crossing the legs is considered improper in Thailand. Other countries have rules regarding how the legs should be crossed (i.e., at the knees, at the ankles, resting on knee, etc.).

Many people, when seated, like to put their foot up on something while talking. In some countries, such as Egypt, Saudi Arabia, and Japan, it is a grave insult to point the foot at or show the bottom of your foot to someone. The foot is considered the lowest part of the body, and therefore, indicated disrespect and, at best, casual informality.

Differences in Nonverbal Communication (continued)

TOUCHING

In some countries, touching is a way of initiating or indicating friendship. Certain countries are known to be very demonstrative (touch oriented) such as Korea, Greece, Italy, Middle East, Latin America, Russia, Spain, Portugal, and some Asian countries. Other countries besides the United States that are known to be completely the opposite are Japan, England, Scandanavia, Australia and other Northern European countries.

SILENCE

Many people find silence to be very uncomfortable and feel compelled to talk just to fill an awkward moment. People from Korea and Japan, on the other hand, put more emphasis on listening, and periods of silence are accepted. Often silence is considered proper etiquette; for example, while eating.

GESTURES

Gestures are a means of communication used by every country and culture. The difficulty comes in when the meaning is not universally shared. The following is a listing of popular gestures used throughout the world.

GESTURES OF GREETING:

- The handshake has been adopted by many countries that interact frequently with the U.S. There are many variations, depending on the culture.
- North Americans and Europeans respect a firm grip that represents strength.
- Korean, Japanese, and Middle East people prefer a gentle grip, and are taught that a firm grip is a sign of aggression.
- In Central and South America, as well as Southern Europe, the handshake may last longer and be accompanied by touching the arm or elbow.
- Other countries, such as Russia, follow up the handshake with a bear hug.
- Islamic countries forbid unrelated men from shaking hands with women.
- The bow is a more formal greeting and demonstrates respect and humility. Rank indicates who bows first in Japan.
- In India, hands are placed in a praying position when bowing.

Other lesser known but interesting forms of greeting include:

- Maori tribesmen in New Zealand rub noses.
- Tibetan tribesmen stick out their tongues.
- Eskimos bang the other person on the head or shoulder with their hand.
- East African tribe members spit at each other's feet.

GESTURES OF AGREEMENT/DISAGREEMENT

- Shaking the head horizontally is often thought to be a conclusive "no," but in Korea it may be an "I don't know" and in Bulgaria, parts of Greece, Turkey, and Iran, it is a "yes."
- Tossing the head backwards means "no" in Southern Italy, Malta, and Tunisia.
- Add clicking the tongue to it and you have "no" in Saudi Arabia, Greece, some parts of the Middle East, and Bulgaria.
- Nodding may indicate agreement, but also can mean "yes, I understand, continue talking," or "no" in the aforementioned countries.

Differences in Nonverbal Communication (continued)

COMMON HAND GESTURES

Thumbs up seems to be a gesture used by most countries. The following is a list of some of the possible interpretations:

- The best, #1, or boss (Korea)
- O.K. (U.S.)
- Rude signal (Nigeria)
- One (Germany)
- Five (Japan)
- Also used when hitchhiking in the U.S.

The gesture for "O.K." (circle formed by thumb and index finger) also has several different translations. They are as follows:

- Zero or worthless (South France, Italy, and Turkey)
- Money or coins (Japan)
- Rude and insulting (Russia, Germany, Brazil, Greece, and Malta)

Curling the index finger in a back and forth motion indicates "come here" in the U.S. In some countries, that gesture is only used to call animals.

Hand up with palm outward is used to indicate "stop" (i.e., traffic officer). In Greece, the same gesture is taken as an insult; and in West Africa, it means you could have one of five fathers.

Waving the hand in a back and forth motion is more often a gesture for "farewell or good-bye" in the U.S., but in Europe it means "no."

Most Europeans tend to wave with a vertical motion, but even this is not consistent throughout Europe.

The Italians and Greeks use a motion that Americans interpret as "come here" (palm up and back and forth motion of fingers).

REGARDLESS OF CULTURE OR COUNTRY, THE 'UNIVERSAL GESTURE" THAT IS UNDERSTOOD AND WELCOMED BY EVERYONE IS THE SMILE.

Word Connotations

Directions: Words can evoke pictures, thoughts and emotions instantaneously in our minds. Meanings of words that are reflective of the culture and norms of any given time in society often change. Look at the following words and note their change in connotation and what took place culturally that contributed to the creation of new word images.

TIME SHARING

POT

GAY

GRASS

HARDWARE

CHIP

SPEED

CULTURE

What is Culture?

Directions: Working in groups, define the word culture. Each group should come up with a definition and select a spokesperson to report out to the larger group.

CULTURE IS . . .

Attitudes, Values, Beliefs, and Norms

Directions: Below are ten words to rank from most to least important. Each group member will construct an individual list and discuss it with other members. A discussion of each group's interaction will follow.

- HONESTY
- RESPONSIBILITY
- ACHIEVEMENT
- COMMITMENT
- COMPETITION
- SOCIALITY
- FAIRNESS
- RECOGNITION
- SECURITY
- CHANGE

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________
6. ______________________________
7. ______________________________
8. ______________________________
9. ______________________________
10. ______________________________

Our Perceptions

Directions: Regardless of how unbiased we may think ourselves to be, no one is without some degree of prejudice. These biases affect our perceptions of others and our interactions with them, both in our personal lives and in business towards our internal and external customers, co-workers, and clients. Write down your thoughts on the following examples. A large group discussion will follow.

1. In our personal lives . . .

It is rush hour. You are late for work, riding on public transportation. At the next stop, a disabled person in a wheelchair boards the bus. The driver must get up and with both a manual and mechanical device, assist the person in boarding the bus.

What are your thoughts?

2. In our work lives . . .

You are having a particularly difficult time on the phone with an individual who does not speak English. She has someone else on the phone who is trying to interpret for you. The interpreter has an angry tone and seems to know all about the customer's claim and entitlement. Because of this process, the phone conversation takes twice as long. You are backlogged with work to complete in a limited period of time.

What are your thoughts?

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Cultural Diversity Among Workers

Directions: Break into pairs and discuss the following questions. Be prepared to report out to the larger group.

1 How would you interpret child abuse?

What was the acceptable method of discipline in your culture when you were a child?

Has that changed? If so, how?

2. What were the expectations of women in your culture then?

And now?

3. How did men in your culture view the role of women? Do you observe any changes now compared to your upbringing?

4 In your culture, what was the attitude toward government, poverty, wealth, and other cultures?

5. What role did religion play in your life?

Participant Post-Program Survey

Today's Date:

Training Topic Title:

Name of Your Affiliate:

Your Job Title:

How long have you worked for The Eddy/Northeast Health?

Directions: After you have completed this training session, please take a few minutes to write brief answers to the questions below.

1. What are a few of the most important things that you learned from this session?

2. Would you recommend this training to a co-worker? Why, or why not?

3. How do you plan to use what you've learned?

4. If you could change one thing about this training session, what would you change?

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